

# BMC

Journal of the Canadian  
Health Libraries Association

## *Bibliotheca Medica Canadiana*

Le journal de l'Association des  
bibliothèques de la santé du Canada

- Clinical Medical Librarianship:  
A Role for the Future
- Minutes of the CHLA/ABSC  
Eighteenth Annual  
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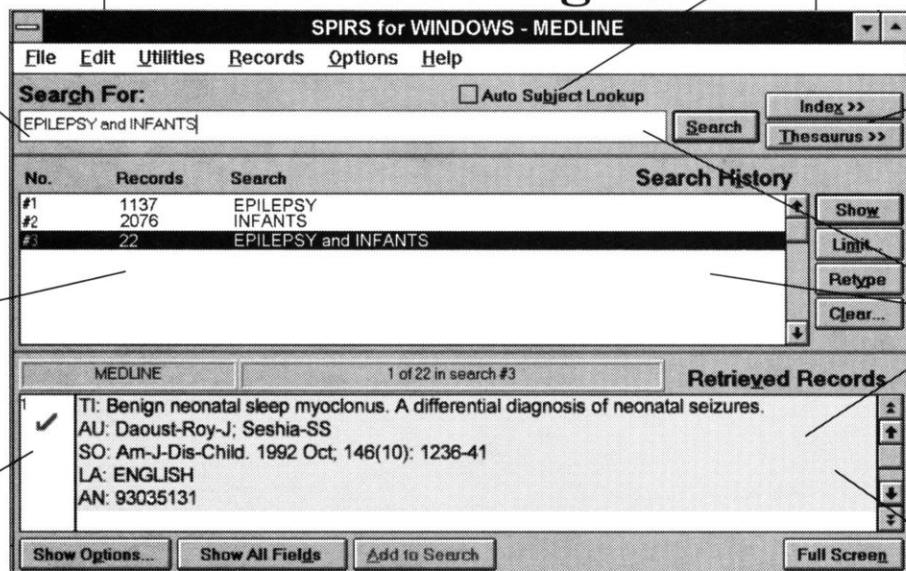


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# BIBLIOTHECA MEDICA CANADIANA

The **Bibliotheca Medica Canadiana** is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library.

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**L**a **Bibliotheca Medica Canadiana** a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires qui travaillent dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillent dans les

bibliothèques de petite taille et les bibliothèques relativement isolées.

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# Editor's Message

Sandra Shores

**A**s in the past, this first issue of the new volume includes reports emanating from the annual conference. The London conference was extremely successful and busy, and you can look forward to the next issue in which contributed and invited papers will be published. The report from CISTI was delayed this year but should also be available for publication in the fall issue.

Please read the Board and Chapter reports with care. The standards Task Force is looking for feedback on the first draft of the standards, and the Board has struck a new Task Force on

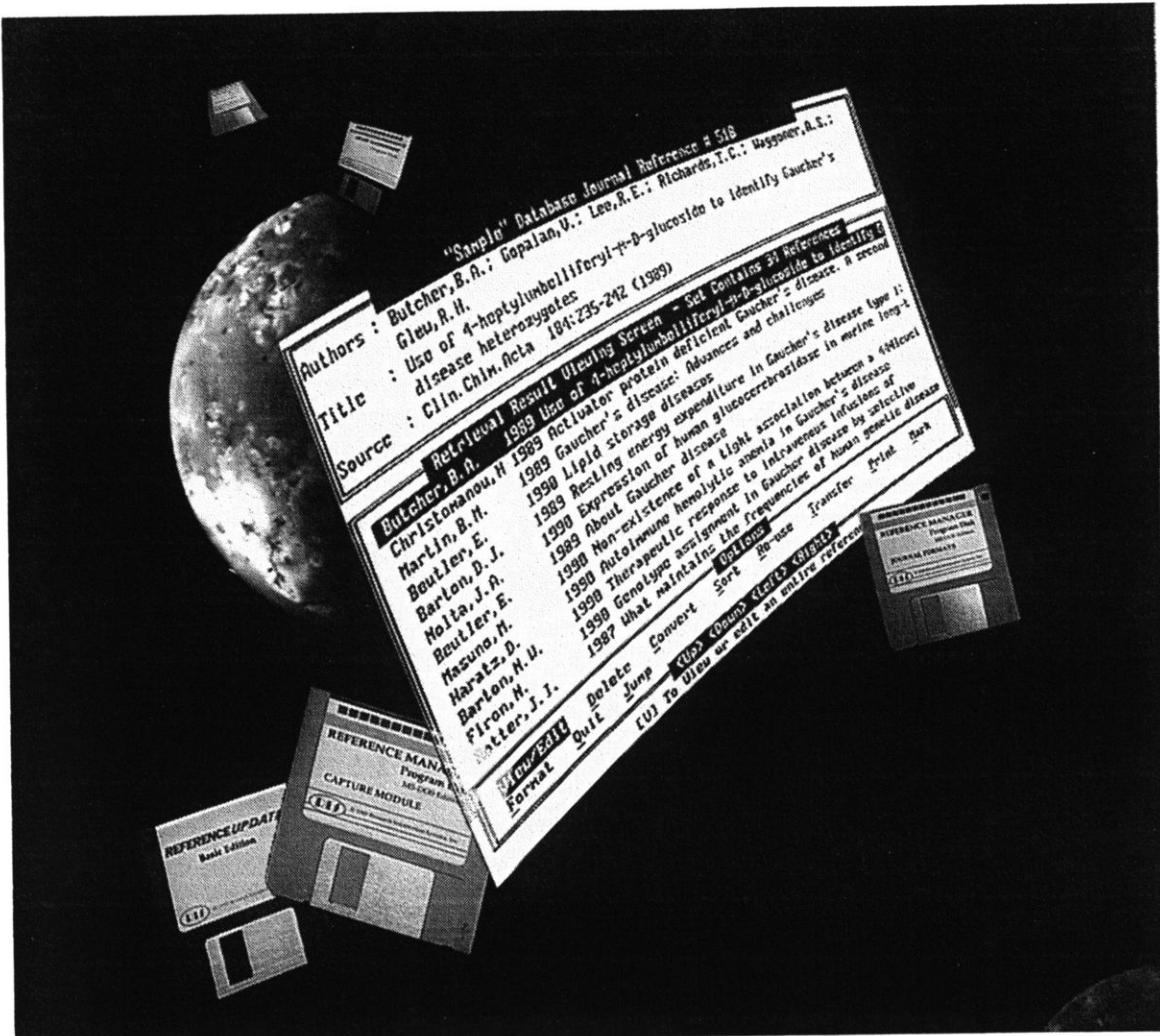
Resource Sharing, an issue of concern and considerable debate in London. Now is the time to express your concerns and share your ideas.

We welcome Georgia Makowski's paper on clinical librarianship, a worthy recipient of the CHLA/ABSC student paper prize. Happily, Georgia has joined the health sciences library community as Marketing Librarian for the Alberta Health Knowledge Network.

This issue marks my last work as editor. Thanks to all contributors and best wishes to the new Winnipeg team. ■



**Bev Brown awards Judy Inglis (left) the first Canadian Hospital Librarian of the Year Award at the banquet held during the eighteenth annual conference of the Association in London, Ontario.**



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# A Word from the President

George Beckett

**R**esource sharing, virtual library, DOCLINE, information provider, teaching information skills, above all else change for libraries and the health care system. These were but a few of the many topics discussed at the Association's eighteenth annual conference held in London, Ontario.

On behalf of all members of the Association I wish to thank the organizing committee and all of the many volunteers who put on the excellent 1994 conference. Timely and relevant topics were combined with superb organization and relaxed social events to provide a truly valuable learning experience. Congratulations to the London chapter. You will be a very hard act to follow!

Looking forward to the year ahead, a number of important activities will be underway. A draft version of the new CHLA/ABSC Health Facility Library Standards was presented at the annual meeting. Judging by the draft version, the new standards will be innovative and exciting. The Task Force on Health Facility Library Standards needs your commitments in order to produce an effective document.

Another major area for Association activities will be resource sharing. The introduction of Canadian access to the DOCLINE inter-library loan system has brought into focus many long simmering issues. The Board is in the process of creating a task force to deal specifically with the important issues involved in national resource sharing. Working with other interested groups such as CISTI, ASTED and the medical school libraries, CHLA/ABSC is dedicated to improving resource sharing in Canada.

The Association is equally dedicated to working to help our members to take practical advantage of new opportunities to improve both the efficiency and the quality of their operations. Discussion at the London annual general meeting made it very clear that the membership and the Board place a high priority on fostering any such opportunities. These activities vary from assisting in the introduction of DOCLINE to assisting health sciences libraries to identify means of connecting to the INTERNET.

Another priority activity for the coming year is to make effective use of the newly revitalized CISTI advisory committee. New terms of reference for this committee are in the process of being adopted. Our goal will be to make this an effective body that will provide needed advice to CISTI on matters affecting the health sciences community.

Finally, I would be remiss if I did not mention the Development Fund. This is a significant amount of money which the Board allocates for support of activities to further the mission of CHLA/ABSC. I strongly encourage chapters and interested individuals to review the terms of reference for the Development Fund and make applications to the Board for support. The terms of reference are in the Association directory or a copy can be obtained by writing to the Secretariat or myself.

The year ahead will be interesting and busy. If you have concerns or issues that you feel need attention, do not hesitate to contact any of the Board members or myself. Have a good year and do not forget to start planning to attend the 1995 annual conference in St. John's, Newfoundland. It promises to be another excellent conference! ■

# Un mot du président

George Beckett

**L**ors de la dix-huitième conférence annuelle de l'Association qui a eu lieu à London, Ontario, nous avons discuté sur de nombreux sujets. Entre autres, j'aimerais mentionner le partage des ressources, la bibliothèque virtuelle, DOCLINE, la tâche de transmettre des informations et aussi l'enseignement des compétences nécessaires pour obtenir ces informations, mais surtout les CHANGEMENTS prévus pour les bibliothèques et pour le système des soins de la santé.

Au nom de tous les membres de l'Association, j'aimerais remercier le comité chargé de l'organisation, ainsi que les nombreux bénévoles qui ont planifié l'excellente conférence de 1994. Il ont incorporé des sujets à propos et pertinents à une organisation superbe et des événements sociaux relaxés pour arriver à une expérience éducative de grande valeur. Félicitations au chapitre de London. Il sera difficile de suivre vos traces!

J'anticipe favorablement l'année à venir, certaines activités importantes seront alors en voie de réalisation. Une version des nouvelles normes des Bibliothèques des Établissements de la santé projetée par l'ABSC/CHLA fut présentée lors de l'assemblée annuelle. D'après cette version, les nouvelles normes seront innovatrices et excitantes. Le groupe d'action qui s'occupe de ces normes a besoin de vos commentaires afin de pouvoir produire un document efficace.

Le partage des ressources sera un autre vaste champ d'action pour l'Association. L'introduction au Canada à l'accès au système pour prêts entre bibliothèques DOCLINE, a concentré l'intérêt sur plusieurs questions prêtées à faire surface. Le Conseil est présentement occupé à la création d'un groupe d'action qui s'occupera spécialement des questions importantes impliquées dans le partage des ressources au plan national. Travailant avec d'autres groupes intéressés tels que CISTI, ASTED et les bibliothèques des facultés de médecine, l'ABSC/CHLA s'engage à améliorer le partage des ressources au Canada.

L'Association s'engage aussi à aider nos membres à saisir ces occasions pratiques d'améliorer l'efficacité et la qualité de leurs opérations. Les discussions lors de l'assemblée annuelle tenue à London ont démontré clairement que l'utilisation de ces opportunités est une priorité pour les membres et pour le Conseil. Ces activités sont diverses, elles suivent la gamme de l'assistance pour l'introduction de DOCLINE jusqu'à l'aide aux bibliothèques des Sciences de la santé et les moyens d'établir la communication avec INTERNET.

L'usage effectif du nouveau conseil consultatif revitalisé est une autre priorité dans l'année à venir et on se prépare à adopter de nouveaux termes de mandat pour ce comité. Notre but sera d'assurer l'efficacité de ce groupe qui avisera CISTI sur des questions qui concernent la communauté des Sciences de la santé.

Enfin, je serais négligent si je ne mentionnais pas le Fonds de Développement. C'est un montant d'argent important alloué par le Conseil afin de supporter les activités qui avancent la mission d'ABSC/CHLA. J'encourage fortement les chapitres et les particuliers intéressés à reviser les termes du mandat pour le Fonds de Développement et à adresser leurs demandes d'aide et d'appui au Conseil. On trouvera les termes du mandat dans le répertoire de l'Association et je vous ferai parvenir un exemplaire sur demande par écrit, ou vous pourrez adresser cette demande au secrétariat.

L'année à venir sera occupée et intéressante. Si vous avez des inquiétudes qui demandent notre attention, n'hésitez pas à m'en faire part ou adressez-vous aux membres du Conseil. Je vous souhaite une bonne année et n'oubliez pas de planifier afin d'assister à la conférence annuelle qui aura lieu à St. John's Newfoundland en 1995 et qui promet d'être une autre excellente conférence. ■

# Clinical Medical Librarianship: A Role for the Future

Georgia Makowski

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Clinicians require access to current diagnostic and therapeutic information that is both relevant and patient-specific. Efficient methods of obtaining reliable information from the literature are particularly important in an acute care setting where critical decisions must be made rapidly. The concept of the clinical medical librarian (CML) originated out of a perceived need to increase the health sciences library's ability to respond to these clinical information needs and bridge the gap between the medical literature and the practitioner. On this basis, the first CML or clinical librarian program was established in 1971 by Dr. Gertrude Lamb at the University of Missouri-Kansas City School of Medicine.<sup>1</sup> CML programs originally included the presence of the librarian at rounds as a member of the health care team, direct interaction with health professionals in the patient care setting to determine their expressed and unexpressed information needs, and the provision of bibliographies and articles in response to those information needs. More recently, there has been an emphasis on the instructional and consultative aspects of the CML's role due to the increase in end-user searching as a method for the health professional to gain access to the literature. The purpose of this paper is to examine the development of CML programs in the past decade and the potential role of the CML as an information consultant in the clinical setting serving as both an intermediary and an instructor for end-users. Labour intensive and expensive services, CML programs must define their role and demonstrate a positive impact on patient care in order to remain viable in times of scarce resources.

The CML, as an extension of reference services, has been in existence primarily in the United States. There was an experimental clinical librarian program at Guy's Hospital in London, England in the early eighties; however, the project was unsuccessful due to lack of utilization by the medical staff and a perceived threat to the traditional library.<sup>2</sup> The Canadian experience has been primarily at McMaster University Medical Centre beginning in June, 1975. The

McMaster program emphasized provision of service to non-physician members of the health care team and also provided service for patients and their families, a relatively uncommon feature among reported CML programs.<sup>3</sup>

The purpose and goals of a CML program have been well described in the literature. Cimpl summarizes these purposes as the efficient provision of information to physicians and other members of the health care team, the improvement of the information-seeking behavior and library skills of clinicians, and the establishment of the CML as an important member of the health care team.<sup>4</sup> Yates-Imah, Goldschmidt, and Johnson add the goals of saving the health professional time by providing literature searches conducted by information experts, developing a specialized reading file of the results of literature searches as a permanently available resource, and increasing the clinical understanding of the librarian in order to further specialize literature searches and collection development to meet the specific information needs of the health care team.<sup>5</sup> Traditionally, the primary function of the CML, as stated by Veenstra and Gluck, has been "to provide quality-filtered, case-specific information to the physician in support of clinical decision-making". This requires not only searching the literature to obtain information, but also selecting material based on an understanding of specific cases and identifying relevant sections of the material provided.<sup>6</sup>

The exact format of a CML program varies with the institution. A pilot program initiated in 1980 at the Houston Academy of Medicine-Texas Medical Center Library involved attendance of the librarian at morning report in a family practice inpatient setting. The CML noted any questions that arose, clarified information needs after report when required, performed the necessary literature searches, and sent the appropriate materials by courier the following morning or contacted the clinician by telephone if the request was urgent or required clarification.<sup>7</sup> The family practice inpatient service at the San Francisco General Hospital Medical Center developed a program that involved about

20% of the CML's time and required the CML to attend rounds once weekly. Again, the CML listened for queries and problems during the discussions of patient management and afterwards verified perceived information needs with the team members. Literature searches were executed and the resulting bibliographies and articles were delivered the same day. Readings were either included in an inpatient resource file or temporarily attached to the patient's chart. In either case, the information was made available to all team members in addition to physicians, and additional material was supplied upon request.<sup>5</sup> Miller and Kaye report a similar program at the Hospital of the Medical College of Pennsylvania, which included the additional services of assisting Department of Medicine members with literature searches required for oral presentations and publications.<sup>8</sup>

A program at the Veterans Administration Medical Center in Hampton, Virginia, emphasized morning report as the most opportune time to have a CML in attendance. The rationale for this included the concomitant presence of the residents who often presented the same reference questions to the library relating to the same cases discussed each morning. In addition to condensing information needs to a group request, it was felt that the presence of the CML would encourage requests for information due to convenience, and that the CML would better understand information needs by being directly aware of the context of the request, an interesting extension of the reference interview. An added service of this particular program was the distribution of weekly subject lists, periodic cumulative lists, and an annual subject bibliography to allow rapid retrieval of frequently cited articles.<sup>9</sup> Veenstra and Gluck have reported the participation of a CML at rounds in a medical intensive care unit and a coronary care unit. Due to the critical nature of patient care in these areas, the CML was also available on request by page or telephone.<sup>6</sup> Overall, the traditional

CML program has been comprised of three essential elements: the presence of the CML at rounds, teaching conferences, or morning reports where questions are likely to be raised and information needs discussed within the immediate context of patient care, online and manual literature searches performed by the CML, and delivery of case-specific information to the clinician and other health care professionals in the clinical setting.

There have been variations on this essential theme including Literature Attached to the Chart or LATCH and a clinical information consulting service. LATCH involves selecting upon the physician's request one or two articles relating to a clinical problem which are then attached to a specific patient's chart for reference by all members of the patient care team.<sup>10</sup> Clevesy described a program at Framington Union Hospital serviced by a single professional librarian with technical assistance that combined a CML program with LATCH giving LATCH responses to patient-specific requests priority.<sup>11</sup> However, in a survey of library directors and department heads of medical specialties conducted by Demas and Ludwig to determine attitudes toward the implementation and feasibility of a CML program in the medical school setting, negative opinions regarding LATCH were expressed by both groups. The library directors rejected the idea due to the elimination of "library user interaction," whereas the medical personnel were concerned about the legal implications of attaching differing viewpoints regarding patient care to the medical chart which is in itself a legal document.<sup>1</sup>

As another alternative, the University of Texas Health Science Center at San Antonio Library instituted a clinical information consultation service as a three month pilot project. The rationale was to provide wider access to services than that available from a highly concentrated department-specific CML program, yet remain cost-effective. The communication method for this service was a consult-

ation form similar to the form used for other consultation requests in the teaching hospital, but specific for the kinds of information required to perform a literature search such as the information request and context, type of article, and format of information. The service was studied in a department that had already experienced a CML program so that a comparison of clinician satisfaction could be made. The CML continued to attend morning report once weekly, but encouraged residents to use the consultation forms to make information requests. Consultation service was found to be "very popular with its users" and an efficient method of extending the role of the librarian into the clinical setting as an adjunct or alternative to the CML. Advantages cited include clinician familiarity with the concept of consultation requests, the ability to initiate a consultation request at any time using the forms without requiring the presence of the librarian, removal of the requirement for the librarian to attend rounds thus allowing more time for literature searches, and an increase in the number of librarians involved to include the regular reference staff.<sup>12</sup> This service differs from a regular reference service only in that the clinician no longer has to approach the library directly to make an information request. It may, however, have the potential to increase the frequency of information requests due to convenience with the result of increased utilization of the medical literature.

As with any other library service, the CML program must be evaluated. Veenstra and Gluck identify two factors by which the effectiveness of a CML program may be measured: "whether the information provided met the expressed need, and ... the cost-effectiveness of the service".<sup>6</sup> A third factor that is often studied and is of critical importance is an extrapolation of the first point to include the extent to which the information provided had a positive impact on patient care. However, Hardy, Yeoh, and Crawford point out that it is difficult actually to meas-

ure a library's impact on saving lives and reducing health care costs through support of more efficient and effective health care. Most evaluations rely on user feedback regarding the perceived importance of having current literature and the degree of impact on patient management when compared to, for example, a lab test.<sup>13</sup> Without knowing the financial benefits in terms of factors such as reduction in days of hospitalization, inappropriate diagnostic tests, and medication trials, it is difficult to conduct a cost-benefit analysis of a CML program.

One of the first steps in determining the worth of a CML program is to examine the level of utilization of the medical literature by clinicians in the absence of such a program. Reasons for underutilization of the literature by physicians include difficulty in extraction of relevant articles from the volume of available information, lack of organization and uneven representation of subjects in personal journal collections and reprint files, limitation of subscriptions and reading to a few relevant journals due to time constraints, lack of knowledge about or access to available sources of information, difficulty in expressing queries in a manner that facilitates the generation of effective search strategies, and overall time constraints.<sup>14</sup> These difficulties are not limited to physicians. In a study of eight hospitals in the Chicago area, King found that almost all survey respondents felt that information provided by the library "contributed to better-informed clinical decisions and higher quality care for their patients". However, King also reported that although allied health professionals were similar to physicians in recognition of the clinical value of information, they were less likely to use the library. Consequently, "efforts to better understand and meet the clinical information needs of underserved professional groups may contribute to improved patient care".<sup>14</sup>

A recent study of active physicians and residents conducted by fifteen Rochester, N.Y. area hospitals focused

on the impact of information provided on clinical decision making. Although the results were based on self-reporting and the response rate was only 46.4%, the experiences reported "suggest that information provided by hospital libraries not only makes a positive contribution to patient care at present, but that the increased use of such information could help to reduce the frequency and severity of adverse events in hospitalized patients in the future".<sup>15</sup> Based on these results, the idea that a CML program may increase the availability of information could only lead to a further positive impact on patient care. Horak notes that supporters of CML programs advocate that the ready availability of clinical information could reduce the need for expensive diagnostic tests and inappropriate treatment.<sup>16</sup>

Many evaluations of CML programs are qualitative in nature. Feedback from the clinical team receiving CML service at the San Francisco General Hospital Medical Center indicated that the CML was accepted as a member of the team. The information provided was clinically important in diagnosis and treatment decisions. Awareness and potential utilization of other library services increased, and the ability to rely on the CML to provide relevant clinical information saved the clinicians time.<sup>5</sup> Evaluation of the CML program at the Houston Academy of Medicine-Texas Medical Center showed that over 80% of respondents indicated that the information provided was of "high educational value." Comments by residents indicated that the information was in some cases applied to patient management, and the service was highly rated for its time-saving aspects. Since there was an emphasis on the educational benefits of the service for residents, the costs of the CML program were compared to those for invited speakers, accredited continuing medical education programs, and journal subscriptions. The resulting conclusion was that a CML program is a "cost-effective customized support

service for problem-specific continuing education in a family medicine residency".<sup>7</sup>

Scura and Davidoff approached evaluation in a slightly different way. In a random survey, they compared the cost and impact on patient care of CML services to that of diagnostic tests such as laboratory studies and x-rays. The results showed that not only did the information provided influence patient management 20% of the time, but residents indicated that they obtained new information from the articles in 86% of the instances, a fact that could represent a continuing effect on future cases not shown by diagnostic tests. Additionally, the authors point out that many lab tests do not lead to new therapeutic interventions but actually stop further diagnostic tests or interventions and that this type of function may be an important role for case-specific information with a result of lower patient discomfort, risk and medical costs. When comparing costs, it was concluded that the cost-effectiveness ratio for the management information provided by case-specific literature "may be at least as great" as that obtained from laboratory and x-ray data.<sup>17</sup>

More recently, Veenstra and Gluck evaluated the CML program in their intensive care unit at Hartford Hospital. It was felt that physicians have neither the time to leave the intensive care area nor the level of training required for successful information retrieval, whereas the CML allowed the physician to remain in the patient care area yet still obtain necessary information from the medical literature. The cost of the program was determined to be about \$45/question which was similar to the cost of \$50 for a chest x-ray at that institution. Physicians surveyed indicated that the information provided did have an impact in most cases on diagnosis and/or therapy, and the CML was perceived to be particularly useful when there was a critical time requirement, an atypical case, or when other information sources provided inconclusive or conflicting information. A further advantage cited

is that the presence of the CML promotes a more academic and less anecdotal approach to patient care.<sup>6</sup>

Evaluation results, however, have not all been positive. Problems noted have included overcrowding the patient's room on rounds and a questioning of the librarian's ability to act as a quality-filter for medical information.<sup>1</sup> In the survey conducted by Demas and Ludwig, library directors expressed the opinion that "most physicians do not believe librarians have the subject knowledge base to credit them with information selection".<sup>1</sup> Medical personnel supported this impression by indicating that although the librarian has the necessary expertise to retrieve information from the literature, "final judgment of relevancy should be reserved for the clinician alone".<sup>1</sup> This matter cannot be taken lightly since there is a potential for health sciences librarians to face "liability for the negligent provision of information that results in physical injury to others".<sup>18</sup> However, in a study designed to assess the ability of the CML to act as a quality filter, Kuller and others found that "librarians can recognize and select clinically useful articles as effectively as physicians".<sup>19</sup> Veenstra and Gluck take a more reasonable view in that in order to be of significant value, the clinical librarian must develop a "minimal level of technical understanding" and be able to evaluate search results, select relevant studies, recognize controversial issues in order to present opposing views, recognize situations where the physician should review the search results, and develop the confidence of the health care team.<sup>6</sup>

The most common negative aspect of CML programs cited is the cost. CML programs are more expensive than regular reference services and tend to be available only to certain departments within an institution.<sup>14</sup> Although reactions have been favorable, many programs have been discontinued because of the expense involved.<sup>1</sup> Cimpl adds that traditional services must not suffer in support of

specialized programs such as the CML.<sup>4</sup> Kidder found that the CML program at Southern Illinois University School of Medicine occupied 19% of the librarians' time and that reference desk coverage decreased by 38%. Consequently, due to shortage of staff, the program was discontinued.<sup>20</sup>

Another aspect of cost is the question of which departments are responsible for funding and to what extent. In the case of the San Francisco General Hospital Medical Center, the cost of computer searches was carried by the library, whereas the cost of photocopying was carried by the Department of Family Practice.<sup>5</sup> The controversy is clearly evident in the results of the survey conducted by Demas and Ludwig. In response to the question of financial responsibility, library directors were in agreement that partial funding should be adopted by the medical departments served, whereas the medical personnel were either neutral or agreed that the library should have total funding responsibility for the CML program. Library directors were mildly against factoring special library services into tuition for medical students, whereas medical personnel were neutral on this particular issue. Library directors were quite adamant about their position and the CML program was cited as being "labor-intensive, time-consuming, and a 'fraud' unless there is shared support from the benefiting departments".<sup>1</sup> Yates-Imah, Goldschmidt, and Johnson recommend that a CML program be based in the library but that funding be transferred from the medical departments receiving the service.<sup>5</sup> One method of sharing costs is to charge back within an institution for services to other departments.<sup>21</sup> Since CML programs are special services offered only to selected departments, the idea of charging back may be one viable option provided the departments being charged are willing to pay for the service. Departments will only be willing to pay for a service in current economic conditions when the benefit of the service is significant. It is here

that CML programs must concentrate, and, since in the past, cost has been a reason for cancellation, it may be time for CML programs to emphasize new roles.

The increase in end-user searching currently seen in libraries has significant implications for CML programs. There is controversy, however, regarding what the effect will be. On one hand, there is the opinion that as their online search skills develop, the clinician will no longer need the CML and the concept will become unnecessary. The opposing view is that there exists an opportunity for the CML to emphasize education and consultation with respect to searching skills in addition to more traditional information provision services.<sup>22</sup> In support of the latter view, Halsted suggests that

Rather than threatening the existence of CML programs, teaching computerized searching and bibliographic skills can make it possible for librarians to expand existing programs and enhance the role of the CML by adding a variety of educational experiences to CML services and creating a more worthwhile relationship with the clinical staff.<sup>22</sup>

In order to determine the need for the CML as an end-user consultant and educator, the skills of the end-user must be investigated. Marshall reported that although desired information was available online, physicians were often unable to retrieve it due to their difficulty narrowing the search and inexperience in developing the complex search strategies needed for a comprehensive search. In order to obtain results from databases, a level of system knowledge and expertise is required, and a significant barrier to end-user proficiency is the time required to learn and maintain searching skills. Marshall suggests that the only option available to physicians is to take the necessary time to learn the systems or to delegate requests to search intermediaries.<sup>23</sup> In a later survey of Canadian health professionals conducted in 1986, Marshall investigated the characteristics of early adopters of

end-user searching given the availability of menu-based systems, which allow easier searching of online databases. The results indicated that "simple search strategies, such as combining two concepts with a Boolean AND, were most frequently used".<sup>24</sup> Regarding database choice, 80% of users utilized MEDLINE, whereas only 21% utilized Comprehensive Core Medical Library; 19% utilized EM-BASE, and 4% utilized BIOSIS. In addition, 44% of users searched only one database; 27% searched two or three, and only 27% used four or more. Overall conclusions indicated that there is significant variation in the proficiency levels of end-users and that for health professionals directly involved in patient care, "special training efforts using clinical examples and relating specific patient care problems to information retrieval strategies may help make existing databases more useful to this group".<sup>24</sup>

End-users may not be aware of problems in their searching skills. A study of drug information retrieval by clinical pharmacists, physicians in private practice, and their nurses using either BRS/Colleague or DIALOG Medical Connection found that for questions that were incompletely answered, in almost two-thirds of the instances, potential searching errors could be identified including use of inappropriate search terms, lack of searching in all appropriate databases, and inability to use some system commands. In addition, there were instances where users were not aware of searching errors and assumed that the desired information was unavailable.<sup>25</sup> Inefficient end-user searching can have a negative impact on overall institutional online costs. Love points out that higher telecommunications charges and user fees have the potential to create a significant outflow of funds from institutions to the commercial sector. She suggests that librarians take advantage of the opportunity to apply their knowledge in advising end-users of the most cost-effective methods of information retrieval.<sup>26</sup> A study of the

impact of in-house and end-user databases on mediated searching showed that when MEDLINE is easily accessible to health professionals, they enjoy and sometimes prefer to conduct their own searches. However, mediated search services continued to be utilized indicating that when users were unsuccessful with their own search strategies, librarians were still considered to be the experts in information retrieval. Consequently, the authors concluded that their institution should continue to offer mediated search services, but that they should "place a stronger emphasis on [their] end-user consultation services for system selection and training, database selection, search strategy design, and evaluation".<sup>27</sup>

Given the trend towards increased end-user searching utilizing improved interface software systems that cater to various levels of end-user proficiency, and that those end-users will require support in the development and maintenance of their searching skills, what, if any, are the potential roles of the CML in this newer environment? In the survey conducted by Demas and Ludwig, library directors indicated that, although end-user searching may not be as proficient as searching done by a CML, they would prefer to have librarians in the library conducting bibliographic instruction as opposed to time spent by a CML on rounds and hospital wards. Furthermore, the opinion was expressed that advances in technology would result in electronic database access on wards thus eliminating the need for a CML. Although medical personnel agreed that medical students and faculty should be given instruction in database searching, at least one surgery department head expressed "frustration" in searching and indicated that database searching might be "better accomplished" by a trained librarian with advanced retrieval skills. The authors suggested that the CML could act as a screen to differentiate between those questions that could be answered by end-user searching and those that would benefit

from a mediated search. Since personal interaction enhances learning, the CML could take the opportunity when presenting search results to explain information retrieval techniques and sources consulted. The more proficient health professionals became, the more time the CML would have for more detailed queries requiring more advanced searching skills.<sup>1</sup>

There is still some support for the maintenance of the CML's primary role as intermediary between the literature and the clinician. Recognizing the increase in end-user searching due to the availability of MEDLINE on CD-ROM and GRATEFUL MED, Veenstra studied the current impact of CMLs to determine if there should be increased emphasis on the CML as instructor and less on the CML as intermediary. Veenstra found that twenty-one of the thirty respondents to the survey indicated that end-user searches would usually have been conducted prior to consulting a CML; however, in all but two cases, the CML had provided additional information. This implies that either there is inadequate training or physicians still do not have the time to develop effective search strategies and perform the searches despite new advances in technology. Furthermore, researching for information may not be a cost-efficient use of the physician's time when trained specialists such as the CML are available. Consequently, the author concluded that "for the present, end-user searching has not forced replacement of primary CML responsibilities with instruction activities.... CMLs, who provide physicians with quality-filtered information products, continue to play a strong role in support of quality health care".<sup>28</sup> Similarly, Royal and others found that a clinical librarian program for an academic autopsy pathology service was successful in meeting the clinical needs of faculty and students and that the program increased the use of case-specific medical literature.<sup>29</sup>

Conversely, other opinions and studies have shown support for signifi-

cantly increasing the role of the CML as instructor. In 1985, Yates-Imah, Goldschmidt, and Johnson expressed the opinion that in the future, the CML might be more viable as a consultant for searching commercial databases and for development of personal database files.<sup>5</sup> Also in 1985, Miller and Kaye reported that increased search skill education had not affected the number of mediated search requests despite increased use of the library. This situation was attributed to use of the CML as a last resort when personal searches were unsuccessful, constraints on the physician's or medical student's time, lack of end-user access to computerized databases, and a requirement for continual educational efforts due to the turnover of residents and students.<sup>8</sup> However, in 1987, at the same institution, a combination of division-level cost sharing for computer searches and free access to CD-ROM MEDLINE resulted in a significant change in the role of the CML. Time spent performing searches for physicians decreased significantly, whereas time spent in instruction increased. Miller concluded that the CML still provides an important service to clinicians who either do not have the time to perform their own searches or who do not wish to acquire the necessary skills. However, the author emphasized that "as the role of the CML as information provider has diminished, the role of the CML as teacher has grown".<sup>30</sup> In further support of the idea of the CML as teacher, Horak states that "increased information literacy should be a major goal of any clinical librarian program so that the user can function independently in the future". She further suggests that electronic

searching capability on wards could be seen as an extension of the librarian when the CML is unavailable and that initial training and user support could be provided on-site by the CML.<sup>16</sup>

Halsted, Ward, and Neeley indicate five educational services that could benefit from the involvement of a CML: "online education and training, end-user searching support, tailored instructional programs, library contact person, and research partnership".<sup>21</sup> An example of online education at the Texas Tech University Health Sciences Center is given where residents and third-year students in the Department of Obstetrics and Gynecology perform "librarian-assisted searches" on BRS Colleague for weekly case conferences. Results of the searches are given during the conferences. The authors feel that this type of interactive education in the clinical setting emphasizes for all present the "relationship of the literature to clinical practice". Suggestions for end-user support include not only consultation for strategy formulation but also an updating service on changes and developments regarding databases and systems software through such mechanisms as a newsletter, an SDI, a bibliography service, or private consultations with individual users. Tailored instruction programs suggested include the areas of development of reprint-file databases, computer literacy and database searching, critical appraisal of the literature, and use of new technology in the area of artificial intelligence for clinical problem solving. The development of the CML as library contact person and research partner firmly incorporates the CML as a full member of the health care team in addition to encouraging

research in the areas of information-seeking behavior and the impact of CML services on patient care.<sup>21</sup>

Hafner and Schwarz suggest that the health sciences library can earn the respect and support of the health care industry by "implementing the innovative, client-oriented services necessary to high-quality patient care and aggressively promoting itself as a problem-solving resource".<sup>31</sup> The literature suggests that the CML can be a viable option for the health sciences library to increase its contribution to the provision of quality patient care. As an intermediary, the CML can increase utilization of the medical literature in the clinical setting by providing case-specific information that may have a direct impact on patient management. As an instructor and consultant, the CML can facilitate the introduction of health professionals to computerized searching and provide end-user support on a continuing basis, again, in the clinical setting. With the increase in availability of end-user software that encourages health professionals to perform their own literature searches, the role of the CML as instructor and consultant is likely to increase at the expense of the role as intermediary, particularly as economic realities reduce the viability of a service viewed by some as a luxury. However, in order to promote end-user proficiency, instruction in the clinical setting may not only be cost-effective but necessary in order to reach and effectively serve the ever increasing community of computer literate health professionals.

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# Minutes of the CHLA/ABSC Eighteenth Annual General Meeting, London, Ontario, June 13, 1994

## **1.0 Call to Order at 8:45 A.M.**

### **1.1 Adoption of the Agenda.**

The agenda was adopted without amendments. Moved by B. Brown, seconded by M. Brideau. Carried.

### **1.2 Adoption of Minutes of the 17th Annual General Meeting.**

An addition was made to 3.2, stating that "K. Kimmerly was reappointed as Auditor for 1993." The minutes were then adopted without further amendments. Moved by B. Brown, seconded by J. Bayne. Carried.

## **2.0 Business Arising.**

From 5.1, NLM Surcharges, G. Beckett noted that the National Library of Medicine has agreed with the approach recommended by CD PLUS and SilverPlatter of charging \$200/simultaneous user royalty fee for network access to MEDLINE.

## **3.0 Board Reports.**

### **3.1 President**

B. Brown thanked the Board for their work during the year, with particular thanks to L. Sutherland who filled in as secretary. She reported that the Board used the Strategic Plan—Recommitment to Change—as a basis for decision making during the year.

Professional development grants were awarded to two chapters, \$1200 going to the Southern Alberta chapter to assist in joining DOCLINE, and \$500 going to the Central Ontario chapter to sponsor a CE course. Communication with chapters was emphasised throughout the year, and to facilitate this further, from July 1 a new, unmoderated listserv, CANMEDLIB, will be available at the Internet address *listserv@morgan.ucs.mun.ca*. B. Brown noted that not all librarians could use this because they were not on the Internet, and that it was important for all libraries to work towards Internet access.

Ties have been strengthened with other organisations including OHLA and ACMC, and an exchange of editorials has been arranged with **Health Libraries Review**. CHLA/ABSC,

along with ACMC and ASTED, is represented on the new ABSTI Sub-committee on Health Sciences Information that will report to NRC on matters relating to CISTI.

The fine work of the Task Force on Standards (J. Inglis, J. Joyce and S. Mensinkai) and the Secretariat (D. Davey) was acknowledged. Presently there is no MLA representative to CHLA/ABSC, with Edean Berklund's term ending in May 1994. A new representative is to be named shortly.

### **3.2 Continuing Education.**

P. Ellis outlined the 1993/4 Telemedicine Canada programs presented, and thanked the presenters, the moderator J. Flaubert, and J. Hatton (CE coordinator, OHLA) for their time and expertise so generously given.

The winner of the Student Paper Prize was Georgia Makowski, MLIS student from the University of Alberta, for her paper "Clinical medical librarianship: a role for the future".

P. Ellis reported that, with the assistance of B. Brown, a new document, Guidelines for accreditation of continuing education courses, has been created that outlines criteria to be used in reviewing programs for accreditation and the procedures involved, and provides an application form. These guidelines, together with the Course development and delivery policy, address the changes in CHLA/ABSC's responsibilities with the implementation of the bilateral agreement with MLA, and will be included in future conference guides.

P. Ellis extended his appreciation to the membership for their support during his time in office, noting that he had learned a good deal, and encouraged others to consider serving on the Board.

### **3.3 Public Relations.**

C. Brault reported that D. Pammett (CISTI) will include a CHLA/ABSC membership form and conference sheet with an appropriate NLM technical bulletin. SLA and ASTED will publish a brief description of workload measurement systems in their journals. There will be a CHLA/ABSC booth at the October ASTED meeting in Hull.

C. Brault will conduct a survey of chapter union lists in the coming year. She encouraged members to contact her if they have suggestions regarding public relations.

### **3.4 BMC Editor.**

S. Shores reported that 1993/94 was a year of stability. She was pleased with the service from the desktop publishing company. There had been a slight design change that reduced the average number of pages from 70 to 40, with some reduction in cost. From 16(2) D. Colborne will be editor, J. Johnson assistant editor. S. Shores felt that the quality of submissions continues to improve. She encouraged contributions, including case studies, and hoped to see a lively correspondence section to give news across the country. She thanked the Board for their support.

### **3.5 Nominations and Elections.**

J. Bayne noted the return deadline for election ballots had been changed to April 1 to encourage returns. 445 ballots in 351 envelopes were sent out; 209 ballots (47%) were returned, all unspoilt. There were 7 candidates, well distributed both geographically and by type of institution. The successful candidates were L. Starr (Vice-President/President Elect, acclaimed), L. Wyndham (Continuing Education) and J. Cole (Secretary). It was moved by J. Bayne, seconded by S. Murray, that the 209 ballots be destroyed. Carried.

J. Bayne thanked the membership for providing her with three interesting years on the Board.

### **3.6 Treasurer.**

J. Henderson presented the audited financial statements for the year ending December 31, 1993, including the Statement of Income, Expenses & Capital, and the Balance Sheet. He noted the income of \$15,000 from the 1993 Banff conference, and the increase in membership revenue resulting from the increase in dues. Submissions to the Development Fund were lower than budgeted. Printing costs for BMC were significant, but

thought worthwhile by the Board. L. Starr moved, seconded by G. Beckett, that the Auditor's report be approved, and that K. Kimmerly be reappointed as Auditor for 1994. Carried.

J. Henderson introduced the 1994 budget. G. Beckett noted that money was available to chapters from the Development Fund; guidelines for application are published in BMC. The intent of the fund is to help CHLA/ABSC to fulfil its mission by ploughing money back to the membership to support their activities. It was suggested that there be a separate line in the budget for BMC expenses, separating those from other printing expenses. J. Henderson extended his thanks to G. Beckett and D. Davey for their assistance.

### **4.0 Other Reports.**

#### **4.1 WMS Liaison.**

B. Brown reported in the absence of S. Hendricks. The WMS Taskforce created a CE course and produced a WMS Guide. As Liaison, S. Hendricks was to collect WMS data; to this end a questionnaire was published in BMC 15(2). Response was disappointing, perhaps because WMS techniques are no longer in vogue, and collecting the data is time consuming. The Board considered that WMS is not a good use of CHLA/ABSC time, and so recommended that the WMS Liaison position, due to end in 1994, be dissolved.

#### **4.2 BMC/HLR Editorial Exchange.**

J. Greenwood reported that the Health Libraries Review board had not yet approved the terms of reference established by herself and S. Godbolt for the exchange, but it is expected they will do so soon. She noted their enthusiasm for this link with Canada. It was confirmed that J. Greenwood will continue to represent CHLA/ABSC in this initiative at least until June 1995.

#### **4.3 CCHFA Representative.**

J. Inglis outlined the development of the latest CCHFA standards document. She felt that CCHFA had difficulty in

drafting new standards in the present "total quality" environment; they have opted for a functional rather than hierarchical approach. Libraries appear in the context of knowledge-based information in the "Information management" section, thanks to the efforts of J. Joyce. J. Inglis said that CCHFA will be requested to include libraries in the inventory of units/depts. listed in the preamble to the "Information management" section. Also, a definition of "knowledge-based information" will be requested to be added to the glossary. J. Greenwood congratulated the Task Force on their work and asked if CHLA draft documents are shared with CCHFA. J. Inglis responded that they are not; she would like feedback from members first, and would like to have the final draft ready in the fall.

### **4.4 Task Force on Standards for Library and Information Services in Canadian Health Facilities**

J. Inglis encouraged feedback to the Task Force on the draft standards (J. Inglis, S. Mensinkai, J. Joyce). It is proposed that the standards will be linked by a key to the relevant parts of the CCHFA standards. The CHLA/ABSC standards are not quantitative, but emphasize principles of Continuous Quality Improvement. Members' opinions are particularly solicited on the structure of the standards, and the role of CHLA/ABSC in facilitating benchmarking nationally. Copies are distributed to chapters, and can also be sent to individuals. J. Inglis also urged members to share experiences at their institutions by submitting case reports or descriptive pieces to BMC.

### **4.5 1995 Conference Planning Committee.**

C. Lawton invited everyone to attend the 1995 conference in St. John's, Newfoundland. The theme is "Old world, new world", and the conference will be held at the Radisson Plaza. Everyone was reminded to complete their CE evaluation form.

## **5.0 New Business.**

### **5.1 CHLA/ABSC Hospital Librarian of the Year Award.**

B. Brown stated that the award recognises excellence in hospital librarianship, and considers the contribution of the librarian to the advancement of healthcare and health librarianship in Canada. She was pleased to announce that the first winner of the award was Judy Inglis.

### **5.2 DOCLINE and Resource Sharing.**

G. Beckett circulated an information update on who to contact regarding DOCLINE and its use in Canada. He announced that the Board had formed a Task Force, chaired by L. Starr, to consider resource sharing issues, including DOCLINE, in Canada. To assist in this a resource sharing contact person will be identified in each chapter. L. Starr will present a draft mandate for the Task Force at the fall Board meeting. Initial discussion followed on the possible directions serials holdings data might flow between different agencies, e.g. CISTI, NLM, private companies, and the impact on the CISTI UNION file. B. Brown noted that CHLA/ABSC will place particular

emphasis on representing hospital libraries on resource sharing issues. T. Flemming questioned this approach, feeling that ACMC does not represent all academic librarians, just medical school library directors.

It was moved by L. Howard, seconded by C. Beck, that:

Whereas Canadian DOCLINE will be of benefit to all health science libraries across Canada;

Whereas development of an effective national resource sharing system in Canadian health science libraries is needed;

Whereas CISTI is the most logical co-ordinating centre for Canadian DOCLINE;

Whereas CISTI requires additional funding to successfully launch Canadian DOCLINE;

Therefore the CHLA/ABSC President write letters to the appropriate government officials and elected representatives to seek funding to support Canadian DOCLINE.

Lively discussion ensued. Supporters of the motion stressed the already proven effectiveness of DOCLINE in enhancing document delivery and re-

gional resource sharing, and felt that the motion would send a message to government bodies. Others felt the motion to be premature, suggesting that the Task Force should do its work, and that chapters should be more widely consulted, so that a national approach to resource sharing in general could be formulated. V. Ludwin recommended that any such approach should go through the ABSTI Subcommittee on health sciences information.

The motion was defeated.

## **6.0 Other Business.**

There was no other business.

## **7.0 Transfer of Chair.**

The Chair was transferred to G. Beckett, who reaffirmed the Board's commitment to the questions of resource sharing and production of standards in the coming year.

## **8.0 Adjournment.**

Moved by B. Brown, seconded by J. Cole, that the meeting be adjourned. Carried. The meeting was so adjourned at 10:30 a.m. ■

# Report of the 1993/94 President

Bev Brown

**I**t has been a great honour for me to have served as your CHLA/ABSC President for the past year and I would like to thank you for allowing me the opportunity.

At the Banff Conference last year, we asked you to approve our Strategic Plan, **Recommitment to Change**. In using this document as a guide in decision-making, we have been conscious to govern the Association's business both on internal and external fronts – what I think of as "Reaching Out" and "Reaching In".

## Reaching In

**G**oals 1 and 2 of the Strategic Plan concern professional development and chapter growth. The CE Course Development and Delivery Policy and the CE Course Accreditation Policy were written to provide guidance, in the first instance, to those who are presenting association developed courses and, in the second instance, to those organizing courses where CHLA/ABSC CE credits will be awarded.

The Development Fund was created as a vehicle for chapters and individuals to fund projects. This year, funding was awarded to two chapters. The Southern Alberta chapter received \$1200 to cover DOCLINE participation costs and the Central Ontario chapter was granted \$500 to sponsor a CE course.

As other presidents before me, I have been acutely aware of the need to maintain and strengthen lines of communication. We are an association with approximately 450 members fanned out across the country in 16 chapters. I have relied on the chapter presidents to be a channel for two-way communication. The addition of CANMEDLIB—a Canadian discussion list for health science information providers—will provide an additional avenue of communication. Details on subscribing to CANMEDLIB are included in this issue.

## Reaching Out

**G**oals 3, 4 and 5 of the Strategic Plan—standards, recognition and communication with other associations—target initiatives that are more outward-looking.

The Board has approved a new agreement of affiliation with OHLA (Ontario Hospital Libraries Association) that provides for opportunities for exchange and cooperation. We have also formally recognized opportunities for editorial

exchange between BMC and **Health Libraries Review**, the publication of the London Association: Medical, Health and Welfare Libraries Group. Jan Greenwood has agreed to serve as our first representative.

Through our joint lobbying efforts with the ACMC librarians (the directors of the medical school libraries in Canada), we have assured the continuation of a CISTI health sciences advisory committee. We can expect to see more collaborative efforts with the ACMC librarians and with CISTI as national issues such as resource sharing require that we work together to find solutions.

I have been in communication with Fred Roper, MLA President, regarding the appointment of an MLA Representative to CHLA/ABSC. We expect to name someone to the position very soon.

There are two national library initiatives that the Board is monitoring. The National Library of Canada is undertaking a survey of Canadian libraries in 1995. I feel some disappointment that this survey will measure very traditional library activities (books purchased, ILL's processed, for example). However, we can hope that this initial effort will develop to include such activities as software evaluation, microcomputer maintenance and teaching.

The other national initiative is under the umbrella of CLA. A committee calling itself ALARM (Alliance for Libraries, Archives and Records Management) representing library, archives and records management associations, is meeting to draw up a human resources strategy for Canadians working in the information sector. A consultative document is being distributed and a final report is due this fall. The Board has a formal contact within the committee and is following developments.

The revision of our health facilities standards is a major initiative that allows us to measure ourselves and allows others to measure us. The standards are a hallmark of our professionalism. The three Task Force members—Shaila Mensinkai, Judy Inglis and Janet Joyce—have worked extremely hard over the past year to put together a draft document and I would like to commend them.

As my term of office closes, I would also like to commend the other members of the Board for their work, their support and their good humour over the past year. I look forward to continuing on the Board under the very capable leadership of George Beckett.

# Report of the Treasurer and Auditor's Report

Jim Henderson

The purpose of this report is to give the membership the opportunity to judge whether the money they pay in membership dues, through attendance at the Annual Meeting, and by purchasing publications and T-shirts is being used appropriately. With a dues increase for 1993-94 and very successful conferences in 1992 and 1993, the Association is in good shape financially.

The audited financial statements for 1993 prepared by Mr. Kenneth Kimmerly, CA, have been provided. I will move that Mr. Kimmerly be reappointed as auditor for fiscal year 1994.

## 1993 in Review

1993 turned out well because:

- 1) substantial profits, over \$15,000, were generated by the Banff conference;
- 2) the dues increases brought in more money;
- 3) not as much was spent on the Development Fund as predicted.

Board expenses are high because of the excellent representation from across Canada on the Board. Production costs for BMC are continually under review and could have been higher without changes made through the year. The Board feels that the quality of BMC is worth the continuing expense, with ongoing efforts to keep costs to a minimum.

## 1994 and Onward

Expenses are projected to exceed receipts for 1994. No treasurer can be entirely happy with this situation. However, two sources of revenue may be higher than predicted: a membership drive was carried out this spring via CISTI MEDLARS account mailings and the number of registrants for the London conference is much higher than expected. The costs of printing BMC will be offset by advertising revenues already higher than expected. As well, 1994 is best considered a year for development which will generate revenue in the future. Money invested now through Task Force expenses will generate income through publication sales, as well as valuable standards, in the future. Substantial profits generated in past years allow your Association to spend money through the Development Fund which will generate gains for Canadian health libraries not reflected as revenue in the Association's accounts. I assure you that means of containing costs are under discussion by the Board.

## Conclusion

George Beckett left the finances, including the book-keeping arrangements, in excellent shape when he completed his two years as Treasurer last summer. He is to be thanked for a job well done. Dorothy Davey continues to make the job of Treasurer straightforward. Her excellent work is commendable not only in and of itself, but also because it has been provided to our Association over such an extended period. ■

***Auditor's Report***

To the Members of the Canadian Health Libraries Association:

I have audited the balance sheet of the Canadian Health Libraries Association as at December 31, 1993 and statements of the financial activities for the year then ended. These financial statements are the responsibility of the Association's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with generally accepted audited standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Association as at December 31, 1993 and the results of its operations for the year then ended in accordance with generally accepted accounting principles.

*Kenneth D. Kimmerly  
Chartered Accountant  
Etobicoke, Ontario*

*June 9, 1994*

***Canadian Health Libraries Association*****Statement I****Balance Sheet**

**December 31, 1993**

	<b>1993</b>	<b>1992</b>
<b>Assets</b>		
Cash in Bank .....	60,255	42,378
Accounts Receivable.....	—	563
Investments .....	—	10,819
Advances – Conferences.....	4,000	7,500
– Editor.....	700	—
	<b><u>64,955</u></b>	<b><u>61,260</u></b>
<b>Liabilities</b>		
Accounts Payable .....	4,222	1,052
<b>Capital</b>		
Members' Equity - Statement II .....	60,733	60,208
	<b><u>64,955</u></b>	<b><u>61,260</u></b>

***Canadian Health Libraries Association***

## Statement II

**Statement of Income, Expenses & Capital****Year Ending December 31, 1993**

	<b>1993</b>	<b>1992</b>
<b>Income</b>		
Membership Dues.....	25,963	21,877
Conference Income.....	15,045	15,983
Publication Sales.....	4,651	5,671
Promotion Sales .....	634	490
Interest Earned .....	<u>2,628</u>	<u>3,770</u>
	<u>48,921</u>	<u>47,791</u>
<b>Expenses</b>		
Printing, Postage, Courier.....	23,196	14,643
Travel and Meetings .....	10,424	11,912
Task Force .....	1,891	893
Audit Fee .....	1,000	800
Royalties .....	123	2,228
Development Fund .....	1,700	—
Awards .....	650	—
Secretariat Services.....	4,131	4,487
Secretariat Expenses .....	5,089	2,252
Computer .....	—	2,828
Bank Charges .....	62	11
Sundry .....	<u>130</u>	<u>288</u>
	<u>48,396</u>	<u>39,342</u>
Excess of Income Over Expenses.....	<u>525</u>	<u>449</u>
<b>Capital</b>		
Balance – January 1 .....	60,848	51,759
Add: Excess of Income over Expenses .....	<u>525</u>	<u>8,449</u>
Balance – December 31.....	<u>60,733</u>	<u>60,208</u>

# Report of the 1993/94 Continuing Education Coordinator

Patrick Ellis

## *Telemedicine Programs*

Telemedicine Canada programs presented in 1993-4 were:

*The Canadian Institute for Scientific and Technical Information's Strategic Direction.*

Margot J. Montgomery.

*Intermediate Internet: One Inch Past Basic.*

Elaine Boychuk.

*Health and Safety in the Library.*

Anne Gravereaux.

*Alberta's Medical Information Service.*

Alix Hayden.

*A Library in a Geriatric Chronic Care Facility.*

Peggy Ross.

*Internet Resources for Problem Solving in Health Care.*

Grace Paterson.

*Accessing the Rehabilitation Literature.*

Lois Wyndham.

*Business and Management Resources.*

Sharon Virtue.

*Managing Change Before it Manages You.*

Liz Bayley.

*A Re-Introduction to Internet.*

Elaine Boychuk.

*Searching CCINFO for Occupational Health and Safety Information.*

Flora Wardlaw.

**O**n behalf of the Association, I would like to thank all the presenters for their time and effort so generously given for our benefit. I would also like to thank Jill Faubert for serving once more as moderator for the series, a feat she carries out with considerable aplomb. I would especially like to thank Janette Hatton the CE Coordinator for the Ontario Hospital Libraries Association, with whom I collaborated on this series.

## *Student Paper Prize*

**T**he winner of this year's student paper prize is Georgia Makowski, an MLIS student at the School of Library and Information Studies, University of Al-

berta. The title of her paper is "Clinical Medical Librarianship: A Role for the Future". It is, I believe, a well organized and comprehensive review of the literature.

## *Policy on Accreditation of CHLA/ABSC CE Courses*

Last year at this time I reported on the approval of our association's CE Course Development and Delivery Policy. This year, again with considerable help and insight from Bev Brown, I am pleased to report we have implemented another document, Guidelines for Accreditation of Continuing Education Courses. Both these documents address the changes in our association's respon-

sibilities with the implementation of the bilateral agreement with MLA. The Guidelines for Accreditation outline criteria used in reviewing programs for accreditation and the procedures involved, and provide an application form. Perhaps my successors will see needed changes in the application of the guidelines, but I hope we have provided a solid starting point.

### *Last Words*

I have learned a great deal from you the members of the Association in the last two years, and I thank you for

that. I encourage you to try your hand with the Board.



# BMC Editor's Report

Sandra Shores



1993/94, and the publication of volume 15(2) to volume 16(1), has been a period of stability. We have continued to employ the desk top publishing firm RE:Action Marketing Services in Toronto, and have been very satisfied with their work. With volume 15(3) we implemented a minor design change with the intention of reducing the number of pages in the journal and thereby cutting costs of printing and mailing the journal. By changing from a two column format to a three column format, we managed to reduce the average length of an issue from seventy to forty pages.

Submissions to the journal have continued to be strong and varied in content, and I would like to thank all contributors for their work and time in writing for the journal. Thanks also to those individuals who have been thoughtful and diligent in sending me relevant pieces of news throughout the year. We introduced the case report this year, hoping that people will provide anecdotal evidence of the impact of their library services on their institutions, particularly on patient care and the cost of delivering health services. Please consider writing such a case report for an upcoming issue. I

would also like to encourage members to submit more news items about themselves, their colleagues and their chapters.

After two years in Edmonton, the office of the editor is moving to Winnipeg, where David Colborne takes over as editor with volume 16(2) and Jan Johnson becomes assistant editor. Thank you David for your careful and prompt work and for your excellent efforts in obtaining advertisers for the journal. This task has now become part of the assistant editor's duties, and David brought in about \$1500 in net advertising revenue this year from SilverPlatter and Research Information Systems. We can look forward to more companies choosing to advertise in our journal in future volumes, helping to offset our production costs.

I would like to thank the Board for giving me the opportunity to serve as BMC editor. I have tremendous respect for the people who have served on our Association's Board over the years and for the hours of work and dedication they put into the profession. I have very much enjoyed being a part of their efforts this year and have also enjoyed being in touch with many CHLA/ABSC members across the country over details of publishing BMC. It has been great fun.

Finally, I extend my best wishes to David and Jan. ■

# Chapter Reports

*Health Libraries Association of B.C.*

## 1994/95 Executive

<b>President</b>	Dan Heino Woodward Biomedical Library University of British Columbia 2198 Health Sciences Mall Vancouver, B.C. V6T 1Z3  Voice: (604) 822-5810      Fax: (604) 822-5596 Internet: dan.heino@library.ubc.ca
<b>Forum Editor/ BMC Correspondent</b>	Arlene Higgs
<b>Vice-President/ President-Elect</b>	Beth Morrison
<b>Secretary</b>	Deborah Newstead
<b>Treasurer</b>	Patricia Fortin
<b>Membership</b>	74

The central issues for HLABC this year focused on networking:

- 1) *formal, electronic networking through Internet and the issues surrounding the implementation of DOCLINE;*
- 2) *informal networking through social and professional opportunities for interaction.*

The Medlars Update satellite broadcast reception was sponsored by HLABC in January, 1994. Videotapes of the broadcast were made available to members unable to attend.

HLABC offered to host the 1997 CHLA meeting in Vancouver. Johann van Reenen, head of UBC's Woodward Biomedical Library, agreed to chair the organizing committee. The committee's job will be greatly simplified by the use of UBC's conference facilities.

The Continuing Education Committee presented a day-long workshop entitled "Internet Resources in the Health Sciences" conducted by Jim Henderson of the Medical Library

Service and Dan Heino of Woodward Biomedical Library, UBC. This workshop gave a head start to hospital librarians whose committee established an Internet gopher to facilitate communication. The success of the workshop has sparked interest in an update for next year.

The Hospital Library Committee re-organized its structure from that of a traditional committee to one with three facilitators, each responsible for an article in the Forum on issues of current interest: DOCLINE, Internet, and regionalization. The committee's meeting, held on an annual basis, takes place on the same day as the AGM.

The Union List Committee focused its attention on organizing the 4th edition of HLABC's Union List of Serials. To keep costs down and extra work at a minimum, it was decided that all Union List participants must also have their holdings in Serhold. Publication and distribution of the new

Union List is scheduled for fall of 1994.

The Health Education Committee's HealthQuest database, now with 8,000 records, continues to generate much interest across the province.

Four issues of the Forum were produced this year, under the capable administration of Carolyn Hall and Dan Heino. The goals of the Forum continue to be to inform the membership about issues and on-going projects, and to connect members from many institutions and geographic areas.

Three meetings were held this year, in addition to the AGM, which included presentations on physician sexual abuse, repetitive strain injury, and SFU's Gerontology Research Centre.

Judy Neill  
President 1993/94



## Central Ontario Health Libraries Association

### 1994/95 Executive

<b>President &amp; BMC Correspondent</b>	Norma Dickerson Health Sciences Library Ross Memorial Hospital 10 Angeline Street, North Lindsay, ON K9V 4M8
	Voice: (705) 324-6111 x4357      Fax: (705) 328-2817
<b>Secretary/Treasurer</b>	Mary McDiarmid
<b>Membership</b>	17

New Executive for 1995/96 will be elected at the fall 1994 meeting.

COHLA held two general meetings over the past year. The fall meeting was hosted by Norma Dickerson at Ross Memorial Hospital in Lindsay, and the spring meeting by Carol Gregory at Royal Victoria Hospital in Barrie.

The fall meeting included videotaped segments from the National Library of Medicine satellite broadcast 'Information Stat: RX for Hospital

Quality". Discussion followed on how to utilize this resource within our hospitals. Doug Lynch of Canebsco demonstrated and fielded questions about CD-ROM information technology available from his company.

The spring session consisted of a brisk business meeting over lunch, with the rest of the day devoted to the seminar "Running a Customer-Focused Library: Strategic Tools and Processes Required", presented by Jane Dysart and Rebecca Jones of

Dysart and Jones Associates. Seventeen COHLA members from a variety of health sciences libraries participated, shared, and learned from this CHLA - funded course.

The fifth edition of the COHLA Union List was made available to members in the fall.

Topics of interest and concern over the past year were: CD-ROM applications, the Internet, computer networks, the new accreditation (CCHFA) standards, and total quality management. □

## Kingston Area Health Libraries Association

### 1994/95 Executive

<b>President &amp; BMC Correspondent</b>	Michelle Lamarche Library Resources and Information Centre Brockville Psychiatric Hospital Box 1050 Brockville, Ontario K6V 5W7  Voice: (613) 345-1461 x2170 Envoy: ill.obrph	Fax: (613) 345-6859
<b>President Elect</b>	Karen Gagnon	
<b>Secretary/Treasurer</b>	Elizabeth Johnston	
<b>Past President</b>	Barb Carr	
<b>Membership</b>	16	

Even with a relatively small membership, KAHLA members were active in maintaining a close network and a full calendar of activities in 1993/94. The Association met formally twice this year. Major focuses of the meetings were round table reports from members and discussion of professional issues and resource sharing initiatives. Both meetings were sponsored by Karen Gagnon of the Kingston Psychiatric Hospital. Lester Webb, of the Kingston Public Library, joined KAHLA members at the spring meeting to discuss the library's current automation project and library automation in general.

In addition to the formal meetings, KAHLA members were able to participate in a number of continuing education opportunities. In December, an Internet training session was sponsored by KAHLA and hosted by Bracken Library. Gord MacDougall from St. Lawrence College prepared a half day workshop for KAHLA members providing an opportunity for hands-on Internet training. This was

followed by a buffet lunch at the Queen's Faculty Club. In January, KAHLA was able to arrange for the local broadcast of the National Library of Medicine's satellite Medlars Update. This session was well attended. Queen's University provided the technology for the session. In addition, hosting of the Telemedicine series on hospital libraries was shared among the member institutions. In this way KAHLA members were able to take advantage of this CE opportunity with no one institution having to absorb the entire cost.

Local resource sharing remained a priority throughout the year. Again this year, the Union List of Serials in Kingston Area Health Libraries was updated. It is hoped that the 1994 edition of the Union List of Consumer Health Books in Kingston Area Libraries will be published in the fall. With budgets shrinking, KAHLA members will continue to look at ways of ensuring that the diminishing of financial resources will not adversely affect the provision of health information to

Kingston area health professionals and consumers.

The addition of a new KAHLA member this year was cause for professional rejoicing. As a result of the outreach project undertaken in 1990 by the president of KAHLA, Belleville General Hospital, which had not previously employed a librarian, undertook a feasibility study and subsequently hired a part-time librarian to develop and administer their library service. We were happy to welcome Cheryl Martin to our Association in this capacity.

Over the next year KAHLA will continue to provide continuing education and professional development opportunities for members. Upcoming events include a trip to CISTI to tour the facilities and discuss concerns with CISTI staff.

*Michelle Lamarche  
M.L.I.S.*



## London and Area Health Libraries Association

### 1994/95 Executive

<b>President</b>	Mary Gillet Library Services Victoria Hospital PO Box 5375 London, ON N6A 4G5  Voice: (519) 685-8300 x7717      Fax: (519) 667-6797 Envoy: M.GILLET Internet: mgillet@julian.uwo.ca
<b>Secretary/ President-Elect</b>	Mai Why
<b>Treasurer</b>	Leslie Legge
<b>Past President</b>	Linda Voelker
<b>Membership</b>	16

During 1993/94, LAHLA redesigned the format of our meetings. After participating in a review of the current structure and purpose of our meetings, we determined that a change was required. Based on these results, changes in format and focus were developed. Networking opportunities were enhanced by scheduling a lunch at a nearby restaurant before each of our biannual meetings. Continuing Education was incorporated into our meeting format by scheduling a speaker (determined by the host of the meeting) on a topic of interest.

In October of 1993, we met at the Children's Hospital of Western Ontario to discuss the restructuring of our meetings. During this meeting, excerpts of the video *Info Stat* were presented. In May of 1994, our first newly formatted meeting was hosted by Yvonne Tym of the Middlesex London District Health Unit. Prior to the meeting, lunch was scheduled at the World's Fair restaurant. At the meeting, Dr. Alder, an epidemiologist, presented an informative lecture, "Local Statistics: Access and Availability".

The CHLA/ABSC 1994 conference, *Partners in Progress: New Paradigms* has been the main focus of the chapter. In addition to monthly meetings of the Planning Committee, various subcommittees have met on a regular basis throughout the year. The success of the 1994 conference will be the result of the efforts of countless hours of volunteer time by various committee members. As President of LAHLA, I would like to extend my appreciation to the generosity of those LAHLA members, and a special thank you to Lorraine Busby and Jan Figurski, the co-chairs of our Planning Committee. □

## Manitoba Health Libraries Association

### 1994/95 Executive

<b>President</b>	Laurie Blanchard J.W. Crane Memorial Library Deer Lodge Centre 2109 Portage Avenue Winnipeg, MB R3J 0L3
	Voice: (204) 831-2152      Fax: (204) 888-5574
<b>President-Elect</b>	Bev Brown
<b>Secretary &amp; BMC Correspondent</b>	Michele Coutts
<b>Treasurer</b>	Edith Konoplenko

It was my fate to enter my second term as President of MHLA under very different circumstances than my first term in 1982-83. During our AGM last year we began to hear the recitations of how health reform initiatives were impacting our member institutions, their library services, and the individuals who made MHLA work. The story of cutbacks, layoffs, budget limitations and program changes continued to unfold during our term. The face of MHLA has changed considerably as I turn the reins over to the new executive.

The executive committee met frequently during the year. We are happy to report that as a result of our efforts, the membership campaign has been put back on track so that renewals are mailed before the AGM. The follow-up can be completed by the fall meeting. Accordingly, the meeting dates, locations and programs are again being announced during the summer so that MHLA members can plan their attendance. Finally, the association archives are now fully indexed and will be deposited with the provincial archives.

MHLA members have been having difficulties gaining leave to attend daytime meetings. Therefore, the Program Committee scheduled a dinner meeting for our fall opener at the Peach Garden Restaurant on October 14, 1993. The major announcements were

regarding the sales of our newest editions of the Union List of Serials and the AV Union List. A decision was made to discontinue the maintenance of our Union Book Catalogue which was still in card format only. Later this year, we heard the good news that our Union List of Serials is nearly complete on the BRIDGE online catalogue, thanks to the efforts of Bev Brown and Helene Proteau.

The most contentious issue this past year has been our relationship with the Manitoba Health Organization (MHO). For the first time since 1979, MHLA was not approved to host a session at the November conference. We learned that no allied health organization had been approved on the first round of proposals and only two were accepted out of eleven on the second round. We voted to let our associated membership lapse for the 93-94 year rather than pay the \$160.00 fee. In place of the usual MHO program, Judy Inglis organized a workshop jointly sponsored by the local CASLIS chapter. The two groups shared the costs of bringing Pamela Jajko from California to present "Meeting Management and Administrative Needs in the Non-business Library" on November 19, 1993.

Our winter meeting was held at the new Institute for Biodiagnostics on February 17, 1994, hosted by David Colborne. A tour of the facility fol-

lowed the business meeting. The focus of the meeting was our CHLA connections, led by an extensive report of the national organization by Bev Brown, CHLA President. Judy Inglis summarized her CCHFA/CHLA committee work and we learned that David Colborne will be the next editor of BMC. Later, Jan Johnson agreed to tackle the challenge of being assistant BMC editor next year.

During the 1993-94 term, several meetings of the executive officers of all provincial library associations took place. From these general gatherings, in particular one where we met with the Assistant Deputy Minister of Industry, Trade and Technology of Manitoba (Paul Goyenne), the plans took shape to hold a major conference focusing on the Virtual Library and the Electronic Highway. Jan Johnson served as our representative to the Joint Planning Committee. The MHLA AGM was held on the first night of the joint conference, Thursday, May 26, 1994. The program sponsored by MHLA and open to all conference attendees was a panel discussion chaired by Bev Brown on the topic "Document Delivery is the Virtual Library". More than eighty registrants attended this excellent session.

Among the pleasant duties of our AGM was the presentation of special awards. Ada Ducas bestowed upon Jill

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Brown the MHLA Honorary Life Membership certificate. Jill was a charter member of MHLA. She retired last spring after a career of service in the libraries of the Grace General Hospital and the Health Sciences Centre.

MHLA honoured Judy Inglis with the MHLA Award for Outstanding Library Service. Judy will be receiving the CLA award for Canadian Hos-

tal Librarian of the Year. The MHLA commendation recognizes special service to health libraries in the province of Manitoba over a long period of time. Judy is only the second recipient of the MHLA award.

The President presented special key chains to Laurie Blanchard, Gail Kohut, and Cheryl Manness for their service on the MHLA executive this

year. Helene Proteau and Arthur Short received key chains recognizing their "super volunteer" efforts this year.

*Dallas Bagby  
President*



*Maritimes Health Libraries Association/  
Association des bibliothèques de la santé des Maritimes*

## 1994/95 Executive

<b>President</b>	Paul Clark Health Sciences Library Dr. Everett Chalmers Hospital P.O. Box 9000 Fredericton, NB E3B 5N5  Voice: (506)452-5432                      Fax: (506)452-5571 Envoy: ill.nbfdec Internet: peclark@unb.ca
<b>Vice President</b>	Darlene Chapman
<b>Secretary</b>	Nancy MacAllister
<b>Treasurer</b>	Susan Libby
<b>Past President</b>	Anne Kilfoil

The Maritimes Health Libraries Association has had an active and productive year in 1993/94. The Association met for two general meetings, in November 1993 at the Moncton Hospital and in May 1994 at Dalhousie University, Halifax.

Several successful workshops were sponsored by MHLA/ABSM during the year. In February, Dianne Pammett of CISTI presented a week long series of MEDLARS courses at the University of New Brunswick in Fredericton. This was the first time Medlars training had been offered in New Brunswick and over 75 people attended the workshops. A spring workshop was held in Halifax coordi-

nated by Ann Barrett of the Kellogg Health Sciences Library. Two sessions were offered "Introduction to the Internet" and "Health Sciences Resources on the Internet". Both were well attended by members from all around the Maritimes.

Production of the second edition of the **Union List of Serials in Maritime Health Libraries** and publication of a new edition of **Health Libraries Directory of the Maritime Provinces** are two major projects that have been underway in 1993/94. The directory was edited by Elizabeth Sutherland of the Kellogg Library and is available at a cost of \$5.00. Marthe Brideau is co-ordinating development of the union

list, and it is hoped that it will be available to members in the fall.

Two issues of the **MHLA/ABSM Bulletin** were published during the year under the editorship of Anne Kilfoil. The next issue will be forthcoming in early summer.

The new executive looks forward to another busy year as we work together to promote and support library and information services in our region.

Paul Clark  
President



*Montreal Health Libraries Association/  
Association des bibliothèques de Montréal*

**1994/95 Exécutif**

<b>Présidente/President</b>	Johanne Hopper Bibliothèque para-médicale Université de Montréal CP 6128, succursale A Montréal, PQ H3C 3J7  Voice: (514) 343-7490	Fax: (514) 343-2306
<b>Présidente sortante/ Outgoing President</b>	Louise Bourbonnais	
<b>Sécrétaire/ Secretary</b>	Francine Renaud	
<b>Trésorière/ Treasurer</b>	Maryse Dumas	
<b>Rédacteur/ Newsletter Editors</b>	Anca Cojocaru Louise Bourbonnais	
<b>Nombre de membres/ Membership</b>	47	

## Activités

- a) Atelier sur les méthodes d'évaluation de la qualité des services à la clientèle  
Conférencière : Carolyn Pepler, N. Ph.D., conseillère à la recherche en Sciences Infirmières, l'Hôpital Royal Victoria.
- b) Fête de Noël conjointe avec MMHLA (McGill Medical and Health Libraries Association) et ABSAUM (Association des bibliothèques de la santé affiliées à l'Université de Montréal)
- c) Réunion générale annuelle avec un goûter gourmet. Conférencier : M. Neil Amyot, Faxon Canada. Nouvelles services disponibles pour la livraison de l'information documentaire.

## Publications

- a) Nouvelles de l'ABSM . 2 numéros
- b) Répertoire de la tarification du prêt entre bibliothèques dans les bibliothèques de la santé du Montréal métropolitain/ Directory of Interlibrary Loan Fees in Health Librairies of Greater Montreal. Avril 1994.

## Activities

- a) Workshop on measuring quality : Speaker: Carolyn Pepler, N. PhD. Consultant for Nursing Research, Royal Victoria Hospital Montreal.
- b) Joint Christmas Party together with MMHLA (McGill Medical and Health Libraries Association) and ABSAUM (Association des bibliothèques de la santé affiliées à l'Université de Montréal)

de la santé affiliées à l'Université de Montréal.)

- c) General annual meeting with gourmet lunch. Guest speaker Mr. Neil Amyot, Faxon Canada. New Services in document delivery.

## Publications

- a) MHLA/ABSM newsletter : 2 issues
- b) Directory of Interlibrary Loan Fees in Health Librairies of Greater Montreal/Répertoire de la tarification du prêt entre bibliothèques dans les bibliothèques de la santé de Montréal Métropolitain. April 1994.



## Northern Alberta Health Libraries Association

### 1994/95 Executive

<b>President</b>	Marlene Dorgan John W. Scott Health Sciences Library 2K3.28 Walter C. Mackenzie Centre University of Alberta Edmonton, AB T6G 2R7  Voice: (403) 492-7945 Envoy: aeu.jwscott Internet: mdorgan@library.ualberta.ca	Fax: (403) 492-6960
<b>Vice President &amp; BMC Correspondent</b>	Peggy Yeh	
<b>Secretary</b>	Sue Gamble	
<b>Treasurer</b>	Carol Morgan	
<b>Membership</b>	24	

NAHLA held two general meetings as well as the annual general meeting last year.

The Fall meeting, held at the Glenrose Rehabilitation Centre in Edmonton, included a demonstration of Romulus and a tour of Easy Street. Easy Street, which is a very interesting simulation of the real world, provides Glenrose patients with the opportunity to practise such skills as shopping, banking and riding a bus before returning to the real thing.

Our Spring meeting featured a talk by Don Chalifoux from Alberta Voca-

tional College on various aspects of native culture and healing.

The major project for the past year was updating the NAHLA Union List of Serials. We planned to use the CHLA Tenth Anniversary Commemorative Award, (awarded to NAHLA at CHLA's Banff meeting in 1993), to prepare our union list database for entry into Serhold, the first step to Docline participation. However, because of the uncertainty of having this work done outside of CISTI, we decided to wait until the situation was resolved. I anticipate that the award

money will be spent on the DOCLINE project in the 1994/95 year.

NAHLA's Hospital Library Group met monthly throughout the year. Issues arising from the NEOS Consortium continue to be a major focus for this group.

Institutional restructuring and corporate mergers resulting from major changes in the organization of health care in Alberta have already had an impact on some of our membership. The year ahead promises to be even more challenging. □

# *Northwestern Ontario Health Libraries Association*

## **1994/95 Executive**

<b>Coordinator</b>	Helen Hyvarinen Staff Library Lakehead Psychiatric Hospital 580 North Algoma Street Thunder Bay, ON P7B 5E5
	Voice: (807) 343-4351      Fax: (807) 343-4387
<b>Secretary/Treasurer</b>	Cathy Walsh

## **Membership**

Confederation College and Northern Health Human Resources Research Unit are new members bringing our membership to ten. A petty cash fund was established for miscellaneous items with each member contributing one dollar to the fund at each meeting. It was also established that we meet on the second Tuesday of every second month. Elections will be held in March every second year. Binders for the Coordinator and Secretary/Treasurer were also set up containing the constitution, bylaws, mission statement, terms of reference and minutes of meetings. These binders will be passed along to the new executive.

## **Constitution**

Minor changes were made to the constitution and bylaws, which include the association's mission statement.

## **Union List**

The NOHLA union list of serials was updated and includes Confederation College's list of serials. Carol Steadwell, McKellar General Hospital, has been responsible for the updating and printing of the list. Our thanks go to her for looking after this time consuming task. The list has been distributed to all NOHLA members as

well as various libraries and agencies throughout the city.

## **Professional Development**

1. Tour of the Northern Studies Resource Centre at Chancellor-Paterson Library, Lakehead University.
2. March 8th Meeting - Videotape on searching CINAHL and introduction to FreeNet. Laraine Tapak, Confederation College, provided the videotapes for the meeting.
3. FreeNet and Distant Education. Canadian Library Association, Winter Conference, Thunder Bay. Sylvia Wright, St. Joseph's Hospital, will be attending the Canadian Health Libraries Association Conference in London, Ontario, June 9-14th.

## **FreeNet**

Barbara Murray, Thunder Bay District Health Unit, and Laraine Tapak, Confederation College, are involved with the health subcommittee to implement a FreeNet system in Thunder Bay. A video was produced at Confederation College promoting FreeNet. The network will be called 807 CITY (Community Information Technology) and is expected to be up and running in September.

## **Regional News**

The libraries at Port General Hospital and Thunder Bay Regional Cancer Centre are merging in June.

Thunder Bay District Health Unit will be opening a satellite office in the downtown South Ward to provide a more comprehensive service to the public.

McKellar Hospital library's workload has increased considerably since the Family Medicine North residency program was implemented with McMaster University and Lakehead University.

Hogarth/Westmount Hospital Library has been closed due to budget constraints.

Lakehead Psychiatric Hospital Library implemented a workload measurement system.

Budget constraints have been a major concern for most NOHLA members this past year and it seems that they will continue throughout the new fiscal year.

*Respectfully submitted  
Helen Hyvarinen*



## Saskatchewan Health Libraries Association

### 1994/95 Executive

<b>President &amp; BMC Correspondent</b>	Helen Beavan Resource Officer Saskatoon Community Health Unit 310 Idylwyld Drive North Saskatoon, SK S7L 0Z2  Voice: 975-7676
<b>Vice President</b>	Joan MacLaine
<b>Secretary</b>	Alice LaLonde
<b>Treasurer</b>	Shirley Blanchette

As indicated in last year's report, 1993 was a year of significant change for the health care system in Saskatchewan, and that trend has continued into 1994. Just prior to the 1993 CHLA meeting at Banff, the Saskatchewan government cut critical care funding to 52 small hospitals and announced that the massive Plains Health Center facility in Regina would be shut down by 1996. Just a few days ago, the layoff of 96 health care workers was announced in Moose Jaw. And yesterday marked the end of obstetrics services at Regina's Pasqua Hospital, with those services now being centralized at the

General instead. And so the change continues.

Because of the geographical expanse of Saskatchewan (slightly smaller than Texas, with a population less than one million) SHLA usually holds only two meetings per year. The fall 1993 meeting was cancelled, partly because of uncertainties in the health care field, and partly for lack of urgent business. The April 1994 meeting was held at the University of Regina Library, and featured a Telemedicine broadcast on "Managing Change Before it Manages You" and an afternoon introduction to TQM and some of its applications in a service profession like

librarianship, ably presented by University of Regina Business Librarian, Todd Mundie.

At the meeting, SHLA agreed to contact the new regional health district boards that have been created across the province and invite each to send a delegate to our fall 1994 meeting in Saskatoon. From this joint session, SHLA hopes to gain greater insight into how the Association and its members can support the "wellness approach" to health care.

*Edwin M Perry*



*Southern Alberta Health Libraries Association*

## **1994/95 Executive**

<b>President</b>	<p>Judy Osborne            University of Calgary Medical Library            3330 Hospital Dr., N.W.            Calgary, AB T2N 4N1</p>
	<p>Voice: (403) 220-3750            Internet: <a href="mailto:josborne@acs.ucalgary.ca">josborne@acs.ucalgary.ca</a></p>
<b>Vice President</b>	<p>Helen Lee Robertson</p>
<b>Secretary/Treasurer &amp; BMC Correspondent</b>	<p>Dawn MacDougall</p>

While this has definitely been a quieter year than last, when SAHLA hosted the CHLA conference in Banff, our chapter has not been idle. Our application for development funding from CHLA/ABSC for our Serhold project was successful and the committee is now updating our union list and having M.A. Ward & Associates prepare it for inclusion in the Serhold database. This will enable participating libraries in our group to share their resources with others through DCLINE. The project will be complete in the fall of this year.

SAHLA members are taking an active part in the implementation, teaching and marketing of the Alberta Health Knowledge Network, through their individual and institutional con-

tributions to the project. The system has been installed at the Universities of Calgary and Alberta and is currently being tested by library staff and researchers at both sites.

Our continuing education this year included receiving the NLM Satellite Broadcast in January. The workshop was well attended and appreciated. Social events included dinner out for the Conference Planning Committee, a combined Christmas and farewell dinner party for Judy Flax and the traditional potluck dinner at the spring meeting.

Our Chapter President, Judy Flax, left Calgary for Boyle, Alberta as her husband took on a new job in hospital administration there. Judy is working in the Athabasca Public Library SA-

HLA has three new members this year: Dean Giustini (Tom Baker Cancer Centre), Darlene Warren (University of Calgary Medical Library), and Beth Sheldrake (Gimble Eye Centre).

These are difficult times for everyone working in the healthcare and education fields in Alberta due to restructuring and budget reductions. The Holy Cross Hospital Library has been amalgamated with the Rockyview and other hospitals and libraries are threatened with closure. We are all required to do more with less, necessitating difficult collection reduction decisions and greater cooperation than ever before among libraries in this region. □

## Toronto Health Libraries Association

### 1994/95 Executive

<b>President</b>	Teresa Helik Information Resource Centre Ortho-McNeil Inc. 19 Green Belt Drive Toronto, Ontario M3C1L9
	Tel: 442-2500 x2226                          Fax: 442-2520
<b>President Elect</b>	Elaine Wright
<b>Deputy</b>	Rebecca Strange
<b>Secretary</b>	Colleen Mulloy
<b>Treasurer</b>	Valda Poplak
<b>Past President</b>	Sylvia Newman
<b>Newsletter Editor</b>	Cathy Lindsey-King
<b>Associate Editor</b>	Anne Taylor-Vaisey

THLA had another full year of communicating, cooperating, consulting and collaborating through three programme meetings, participation in the UNYOC conference, and attendance at our annual Holiday Party and May dinner meeting.

Our first programme meeting in September started the year off well with Veronica Fisher, Graphic Artist at the University of Toronto Library, providing practical tips on improving both the image and the message of our flyers, brochures and instructional handouts.

In October, many THLA members were active participants in the UNYOC conference held in Toronto. THLA also sponsored the opening reception.

The Ontario Cancer Institute Staff House was once again the site of our annual December holiday bash. This year also marked the 30th anniversary of Toronto area Health Sciences Library staff gathering in the first week

of December to usher in the Christmas season.

In February THLA members were introduced to the Toronto Free-Net by Laine Ruus, Data Librarian at the University of Toronto Library and a member of the board of Toronto Free-Net Inc. Laine provided background information on the whole concept of free public electronic information and by connecting to an already operational network we were also given a taste of what was to come in Toronto.

Our final programme meeting of the year featured our own members as Joanne Marshall moderated a panel on "Career Diversity in Health Sciences Libarianship". THLA members, augmented by students from the FLIS class in health sciences, had an excellent opportunity to learn about the very different career avenues available in the health sciences, from the excellent panel consisting of Jennifer Bayne, Dorothy Davey, Colin Hoare, and Elaine Wright.

In May, our dinner meeting took us back to the pleasant surroundings of Massey College where our members had an opportunity to enjoy an architectural tour of the building, an excellent dinner and a lively speaker in the person of Francoise Hebert who left us with some new perspectives on quality of service.

Other chapter activities included the completion of a revision of our constitution which was ratified at the annual dinner meeting.

The THLA membership year was changed to June 1 – May 31, which better reflects the operations of the chapter and also brings it into line with CHLA.

The chapter remains healthy with this year's membership increasing to 156. Plans for the coming year include a strategic planning initiative and a review of the composition and terms of reference of the Executive. □

## *Wellington-Waterloo-Dufferin Health Library Network*

**1994/95 Executive was unavailable at the time of publication**

<b>Membership</b>	15 hospitals
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Wellington-Waterloo-Dufferin Health Library Network members met in April, June, October, December and February of the fiscal year 1993-1994. Meetings focused on library issues and were highlighted with guest speakers and special events.

In April, members were introduced to Ann McKechnie of Login Brothers who gave an overview of products and services offered by her company.

The June Annual General Meeting was combined with a farewell party for Peggy Westerman, Groves Memorial Hospital, who retired in June. A lunch-

eon at the home of Joy Weiss gave a pleasant venue for both events.

Heather Bindseil of Library Bound gave an interesting lecture on her business in October.

December's meeting gave an opportunity for members to celebrate the season with a luncheon at the Walper Hotel followed by a tour of the new Government Bookstore located at the Kitchener Public Library.

In February, the meeting focused on updating the Network Union Serials List and representation of the Network at the Canadian Health Libraries Association Conference.

The updated ninth edition of the Union Serials List will be available September 1994. Joyce Pharoah is co-ordinating this endeavour.

Membership is consistent with last year. All members continue to collaborate and share resources with each other.

It was an enriching and productive year.

*Elaine Baldwin and Brenda Vegso  
Co-Chairs*



## *Windsor Area Health Libraries Association*

### **1994/95 Executive**

<b>Coordinator</b>	Toni Janik Medical Library Hotel Dieu Hospital 1030 Ouellette Ave., Windsor, Ontario N9A 1E1  Voice: (519) 973-4411 x178	Fax: (519) 973-0642
<b>Treasurer &amp; BMC Correspondent</b>	Anna Henshaw	
<b>Secretary</b>	Jill Faubert	
<b>Newsletter Editor</b>	Rosalind Peck	

WAHLA met twice this past year. Each meeting including a program of education and round table discussions.

The first meeting was held at Leamington Hospital September 15, 1993 and included discussions on online catalogs and Internet. Our second meeting, March 23, 1994 at Metropolitan Hospital, included a program by Janice Selberg from Wayne State Uni-

versity - Law Department of Copyright and Canadian Law.

Our WAHLA Union List of Serials has been revised recently and the 17th edition is available for purchase.

Our Journal Repository Plan was reviewed May 11, 1994 at Grace Hospital. This plan designates for each journal title which library will hold the longest back runs.

Group Projects continue to include the Repository Journal Agreement, the Interlibrary Loan Agreement with the Detroit Group, and updating Grace and Hotel Dieu libraries' holdings on OCLC in the Michigan State Union List. ■

# Report of the Task Force on Standards for Library/Information Services in Canadian Health Facilities

The first draft of the CHLA/ABSC Standards for Library & Information Services in Canadian Health Facilities was mailed to each standards representative or chapter president at the end of May. Copies were also available for pick up at the London conference. Anyone else who wishes to receive a copy of the draft may do so by contacting me at the address or phone and fax numbers below.

As has been noted in previous columns, the draft standards have undergone a substantial change in focus from the 1989 standards, reflecting the changing environment in which we all work. Quantitative guidelines have been eliminated in favour of a strong emphasis on needs assessment and service evaluation. The standards also recognize that the trend towards regionalization and partnering, coupled with rapid technological change, has resulted in a variety of organizational structures within which library and information services must be provided, and consequently, the development of a variety of new and innovative strategies for providing the services and resources necessary to meet client needs.

The responses to the first draft will be reviewed by the Task Force and the Board at the fall Board meeting. We plan to incorporate any revisions that are required following this meeting and produce a second draft for final distribution to the Board and the CHLA/ABSC membership in advance of the winter Board meeting. It is hoped that the final version of the standards will be ready for publication in late spring of 1995, and available for distribution at the Annual Conference in St. John's Newfoundland next June.

In order to ensure that these standards reflect your needs and are as clear and comprehensive as possible, feedback from the membership at large is crucial. Please make the time to review the first draft carefully and forward any questions, comments, concerns or suggestions that you may have to the Task Force prior to September 30, 1994.

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# Report of the Representative to the Canadian Council on Health Facilities Accreditation

**O**n May 9, 1994, the National Health Organizations representatives met in Ottawa and received the second draft of the Acute Care Proposed Standards for 1995. This draft has undergone substantial revisions from the first draft with the goal of making the standards more manageable for the accreditors to use, adaptable in a variety of organizational structures, and as client-centred and cost-effective as possible. Copies of the Information Management section of this draft have been distributed to each chapter president or standards representative.

From the viewpoint of Library & Information Services, the second draft provides both good news and bad news. Library & Information Services remains a part of the Information Management section, something that the standards representative has worked actively towards over the past two years. The standards have also incorporated the use of the term "knowledge-based information", which we feel provides a better description of the services and resources of a facilities library, and serves to reinforce the library's role in facility-wide information management. However, in streamlining the standards there have been some problems with the clarity and potential interpretation of the standards as they relate to libraries, and this has been reinforced by the experiences of institutions that have undergone accreditation as

beta test sites for these standards. The first area of concern is the fact that a representative from Library & Information Services is not clearly identified as a member of the self-assessment team. The other area of concern involves the provision of a clear definition of knowledge-based information that differentiates it clearly from the information provided through management information systems and patient records systems. These concerns are in the process of being forwarded to the CCHFA, and we are hopeful that they will be addressed in the next revision.

Copies of the Information Management section of the second draft can be obtained by contacting me. I welcome any questions, comments, suggestions and concerns that you may have.

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# Task Force on Resource Sharing

**A**t the CHLA/ABSC Board meetings in June, a Task Force on Resource Sharing was created. President-Elect Lea Starr will chair this task force. The mandate and composition of the task force are to be written in the next few months for review and ratification at the fall Board meeting, November 4-6, 1994. Issues that might be considered are the continued implementation of DOCLINE in Canada, the importance of a Canadian "union" database of health science libraries holdings, the facilitation of resource sharing among Canadian health libraries and with American health libraries, and CISTI's role in these initiatives and activities. Most importantly, the task force will need to determine the actions that CHLA/ABSC can take to best facilitate resource sharing.

The Board wishes to ensure that local chapters provide input to this task force. Each Chapter is being asked to identify a member to act as a correspondent and local contact with the resource sharing task force. As well, the Board and task force are eager to hear the concerns of the general membership. Please forward ideas and concerns to:

Lea Starr  
John W. Scott Health Sciences Library  
2K3.28 Walter C. Mackenzie Centre  
Edmonton, Alberta, T6G 2R7  
[lstarr@library.ualberta.ca](mailto:lstarr@library.ualberta.ca)  
(403) 492-7946  
(403) 492-6960 (fax)

# Development Fund Report from the Central Ontario Health Libraries Association

The course "Running a Customer - Focused Library: Strategic Tools and Processes Required", presented by Jane Dysart and Rebecca Jones was an unqualified success. Seventeen COHLA members attended on May 12, 1994 at Royal Victoria Hospital in Barrie. Dysart and Jones were dynamic seminar leaders and we responded in kind - they described our "visioning exercises" results as among the best they had ever seen!

Prior to the seminar, we all submitted responses to a questionnaire for the seminar leaders to assess our needs and expectations related to the course. As a group, it was evident that we are already very customer-oriented. However, we learned there is always room for improvement. Libraries have tended to focus too much on the product, not the customer. More user-friendly names for our services were suggested, as one example.

We were offered processes and strategies to prevent burnout, to identify our primary customers, and to define levels of service for different customers. Also covered were the psychology of change, principles of change management, and key TQM principles and processes related to

customer service. Strategic planning and visioning toward the achievement of long-term goals are skills we must acquire and develop.

Near the day's end, we all exchanged a "commitment to action" sheet in which we committed ourselves to one small step toward achieving a long-term goal. We were instructed to contact our partner by June 1, 1994 to indicate whether we had achieved the small step or made any progress toward it. (My own partner and I made contact, and we are going to continue communication and encouragement of each other in the future, to keep us "on track", one step at a time.)

The seminar handout included a useful and current bibliography for us to tap for skills reinforcement and motivation. Other resources were used or cited during the seminar.

On behalf of COHLA, I wish to thank CHLA for making this educational seminar possible.

*Norma Dickerson*

*President*

*Central Ontario Health Libraries Association (COHLA)*



# Report to CHLA/ABSC from the Ontario Hospital Libraries Association

*Jan Greenwood  
OHLA President, 1994*

## **T**erms of Reference for Affiliation Between CHLA/ABSC and OHLA

Members of the OHLA Executive were delighted to approve, with the CHLA/ABSC Board, revised Terms of Reference for affiliation between the two associations. The affiliated status, originally endorsed in 1986, was intended to recognize the complementary roles played by CHLA/ABSC and OHLA. Appropriately, the revised Terms of Reference delineate explicitly these roles and call for a review of the Terms of Reference by both executives every three years.

## **OHLA 1994 Executive**

The 1994 OHLA Executive (the OHLA year being January - December)	
Past President	Pat Johnston, Ottawa
President	Jan Greenwood, Toronto
President-Elect	Dee Sprung, Kitchener
Secretary	Sylvia Katzer, London
Treasurer	Don Hawryliuk, Sudbury

Janette Hatton, Hamilton, has continued a second year as Education Committee Chair, while John Tagg will be completing a lengthy term as Editor, OHLA NEWSLINE, in 1994. Peggy Binkle, Owen Sound, is the Assistant and incoming Editor. Nominations for the 1995 association year will close in November and will be reported to CHLA/ABSC next year.

In keeping with the newly revised regional boundaries of the Ontario Hospital Association (OHA), OHLA has also appointed 5 Regional Representatives to co-ordinate and report on news for OHLA NEWSLINE and the Executive. They are Elaine Baldwin, Kitchener, Anna Henshaw, Windsor, Michelle Lamarche, Brockville, Elizabeth Reid, Toronto, and Catherine Walsh, Thunder Bay.

## **1993 Annual Meeting**

**A**s usual, OHLA held its Annual Conference in Toronto as an integral component of the OHA's Annual Convention. The theme of the conference

was "Thriving on Change". Despite significant downsizing in the hospital community, the OHLA program was very well attended and received excellent evaluations.

The varied program kicked off with a keynote address by Keith Christopher, Director of Quality Management, Ottawa Civic Hospital, and an authority on managing change. Other participants included CHLA/ABSC members, Liz Bayley and Linda Wilcox, who addressed the impact of change on, respectively, library managers and support staffs. Rounding out the day was an excellent workshop on relieving stress through humour.

In addition to the plenary sessions, Liz Bayley and Anne McKibbon offered a full-day course entitled "Quality Filtering of Health Sciences Information: Principles and Practice".

## **Other Association Activities**

**O**HLA continues to be an active member of the OHA Allied Groups organization and was, in fact, the first of these to respond to the OHA Hospitals of Tomorrow Discussion Paper. (This response, identifying an appropriate place for hospital libraries in a proposed health care delivery system, was published in OHLA NEWSLINE 1994;9(1):11-15).

Like CHLA/ABSC OHLA continues to review its mandate and evaluate its membership services. In November 1993, it ratified a revised Strategic Plan and is currently reviewing its Executive Manual. Also following in the footsteps of CHLA/ABSC, OHLA is in the process of purchasing a computer and software to facilitate the NEWSLINE's publication. Consideration is being given to establishing a limited form of Secretariat.

Plans are well underway for the 1994 OHLA Annual Conference. Among the sessions planned by Dee Sprung are a panel on the "Challenges, Perils, Pitfalls, and Rewards of Volunteers in the Library" and a practical workshop on archival principles for librarians. OHLA hopes to see many CHLA/ABSC members in Toronto on November 7. Full details will appear in the next issue of BMC.

# CANMEDLIB: Announcing a New Discussion List

A new Internet discussion list has been formed to serve health care libraries in Canada. The list is called "CANMEDLIB". Its purpose is to facilitate discussion of issues and dissemination of information important to Canadian libraries and librarians involved in the health care field. The list is unmoderated but will be monitored for problems by the list owner Susan Cleyle, Systems and Planning Librarian (Health Sciences), Memorial University of Newfoundland ([scleyle@morgan.ucs.mun.ca](mailto:scleyle@morgan.ucs.mun.ca)).

## What CANMEDLIB is and is not

CANMEDLIB is a forum for questions, ideas and announcements that are of concern to health sciences libraries. CANMEDLIB does not accept advertisements from publishers or producers of software, etc. Questions about software and announcements from CANMEDLIB subscribers are appropriate.

## How to subscribe to CANMEDLIB

To join this discussion list and to receive all postings, send a "SUBSCRIBE CANMEDLIB" message to [listserver@morgan.ucs.mun.ca](mailto:listserver@morgan.ucs.mun.ca). You may leave the list at any time by sending a "SIGNOFF CANMEDLIB" or "UNSUBSCRIBE CANMEDLIB" command to [listserver@morgan.ucs.mun.ca](mailto:listserver@morgan.ucs.mun.ca).

## How to post a message to CANMEDLIB

To send a message to all the people currently subscribed to the list, just send your mail to [canmedlib@morgan.ucs.mun.ca](mailto:canmedlib@morgan.ucs.mun.ca). This is called "sending mail to the list", because you send mail to a single address and LISTSERVER makes copies for all the people who have subscribed. This address, [canmedlib@morgan.ucs.mun.ca](mailto:canmedlib@morgan.ucs.mun.ca), is also called the "list address". You must never try to send any command to that address, as it would be distributed to all the people who have subscribed. All commands must be sent to the "LISTSERVER" address, [listserver@morgan.ucs.mun.ca](mailto:listserver@morgan.ucs.mun.ca).

## Information about CANMEDLIB

By sending an "INFORMATION CANMEDLIB" message to [listserver@morgan.ucs.mun.ca](mailto:listserver@morgan.ucs.mun.ca) you will receive information about the specified list. This usually includes its purpose and certain restrictions for posting.

Susan Cleyle  
Systems and Planning Librarian (Health Sciences)  
Memorial University of Newfoundland

# Book Review

Susan Murray

*Consumer Health Information Service, Metropolitan Toronto Reference Library, 789 Yonge Street, Toronto, ON M4W 2G8*

**G**eneral Practitioner's Sourcebook. 4th Ed. Thornhill, ON: Sherwood Publishing Inc., 1994. 207 p. C\$109. Introductory price of C\$79. Published annually. ISSN: 0844-1138

The **General Practitioner's Sourcebook** (GPS) is described by its producers as "the direct link to the vital social and medical support services available across Canada." Indeed, with the demise of **CISTI's Health Sciences Information in Canada: Associations** in 1984, it is the only publication to my knowledge that lists such a range of social and medical support services in Canada. Health and Welfare publishes a directory of national organizations and associations in **Health Promotion** (most recent edition can be found in the Spring 1993 issue), but this is limited to those engaged in health promotion and is not published annually.

In its fourth edition, there is a lot to like in the GPS. It attempts to be a comprehensive listing of national and provincial associations, government agencies, self-help groups and other organizations providing assistance in areas relating to the health and well-being of Canadians. It brings together in one handy volume information sometimes difficult to obtain: local chapters of health organizations, hospital-based clinics, self-help groups, including many regional and national toll-free numbers. The professional resources section includes a broad range of professional

bodies: social workers, dentists, dieticians, therapists, speech pathologists, and naturopathic practitioners, as well as physicians and nurses. The topic index is relatively easy to use: "see references" and "please refer to" pointers guide the user to relevant sections. The in-depth section of over 125 associations and self-help groups includes their mandate, year established, major areas of activity, publications, and availability of a library.

On the minus side, placement of organizations under some topics creates difficulties. Organizations listed under "miscellaneous", such as Reyes Syndrome Foundation of Canada, do not include "see under" references, forcing the user to check here each time. The Council of Mind Abuse is listed under "cults" instead of the more neutral heading "mental health". The Consumer Health Information Service is listed under "self-help" instead of the more descriptive "information services". Another drawback is the lack of an alphabetical listing of organizations to facilitate quick look-ups. It would also be helpful to list the topic at the top of each page.

Despite these minor quibbles, the General practitioner's sourcebook can be highly recommended to librarians and others providing health information.

# Old World — New World: Call for Papers and Posters

*CHLA/ABSC 19th Annual Conference*

*June 4-7, 1995*

*St. John's, Newfoundland*

## **Contributed Papers:**

The Planning Committee is inviting submissions for the contributed paper session. Papers may describe innovative programs/practices or new research findings and should relate to the overall theme of the conference. Suggested topics include, but are not limited to:

- *Library outreach to rural health practitioners*
- *Application of traditional library skills in nontraditional areas*
- *Bibliographic instruction for remote users*
- *Organizing information on the Internet*
- *Using multimedia in library instruction or medical education*
- *Information resources for alternative/traditional/native medicine*
- *Cooperative bibliographic instruction programs*
- *Conservation needs in the virtual library*

## **Poster Sessions:**

The Committee also invites proposals for poster sessions to share research and information more informally. Please submit topic, brief description and author's information.

The deadline for paper/poster submissions is 20 November 1994.

## **Send submissions and enquiries to:**

Elaine Duffie  
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Memorial University of Newfoundland  
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Fax: (709) 737-6866  
Internet: [eduffie@morgan.ucs.mun.ca](mailto:eduffie@morgan.ucs.mun.ca)

# Upcoming Conferences

## Health Information 2000: Share the Vision

The Upstate New York and Ontario Chapter of the Medical Library Association (UNYOC) will hold their 1994 Annual Conference in Syracuse, NY from October 2-5, 1994. *Health Information 2000: Share the Vision*, the theme of the conference, will be keynoted by Valerie Florance, new director of the Edward G. Miner Medical Library at the University of Rochester. The Marley Education Center of Crouse Irving Memorial Hospital will be the setting for most conference sessions including a presentation by Robert Haley, Jr., A.I.A. of Quinlivan Pierik & Krause Architects on "Planning Libraries for the Future." Will Manley, author of the *The Manley Art of Librarianship* and columnist for *American Libraries* will address the group. Invited papers, poster session, a Microcomputer Users Group (MUG) lunch, and vendor exhibits will also be featured. New medical libraries will be showcased for the conference including the three-year old Crouse Irving Memorial Hospital Library and the new library building for the SUNY Health Sciences Center with an expected completion date of 1994. The nearby University Sheraton Hotel will serve as the conference hotel and will host the conference welcome reception on Sunday October 2.

Three new continuing education courses offering Medical Library Association (MLA) CE Credits will be offered on Sunday October 2 and Wednesday October 5. On Sunday, the full day course *Information Technology Survival Skills for Medical Librarians* (MLA New Perspectives 102) will be presented by Walter Panko, Ph.D., Assistant Dean for Information Technology, University of Michigan at Ann Arbor. The half day *How to Design a Survey or Questionnaire: A Practical Workshop* presented by Susan Bastable, Ed.D. R.N., Undergraduate Chair, College of Nursing, SUNY Health Science Center will also be offered on Sunday. On Wednesday, October 5, *JCAHO and the Hospital Library* (MLA New Perspectives 405) will be presented by Christiane Jones, M.L.S., Chief, Library Services, VA Medical Center, Biloxi, MS.

### For registration information, contact

Kay Root, Veteran's Administration Medical Center  
800 Irving Ave.  
Syracuse NY 13210  
Phone, (315) 476-7461 x2284  
E-mail, root.kay@syracuse.va.gov.

## Other Publications for Sale

### Directory of Interlibrary Loan Fees in Health Libraries of Greater Montreal. Montreal Health Libraries Association. 1994. \$15.

This directory contains the fees charged for interlibrary loans of books, journals, journal articles and audio-visual documents, as well as loan periods and renewal policies. An index of symbols and an index of the institutions are also included.

### Order from:

Montreal Health Libraries Association  
c/o Johanne Hopper  
Bibliothèque para-médicale  
Université de Montréal  
P.O. Box 6128 - Succ. Centre-Ville  
Montreal, Quebec H3C 3J7

# CHLA/ABSC Publications

## Workload measurement systems : a guide for libraries, 1992

CHLA/ABSC Task Force on the CHA/MIS Guidelines

This publication marks the culmination of three years' work by the Task Force entrusted with the task of laying the groundwork for developing national guidelines for collecting data on library workload measures. It also constitutes the course guide for a workshop accredited by CHLA/ABSC and the Medical Library Association (MLA).

Readers are given a thorough grounding in the basic terminology and salient features of workload measurement systems (WMS). The Guide contains detailed instructions on how to design and implement WMS programs to meet the disparate needs of libraries of various types and sizes.

The value of WMS as a departmental management tool to assist in performance and budget monitoring is stressed.

Included in the Guide are sample data collection and assessment forms, a conceptual model delineating primary and secondary library functions and an annotated bibliography.

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# Bibliotheca Medica Canadiana

## Editorial Policy

### *Other relevant documents:*

*CHLA/ABSC Executive Manual*

*Instructions for Authors* (end of each issue)

*Advertising Policy* (BMC 14 (3) 1993: 160)

*Minutes of the CHLA/ABSC Board*

*Minutes of the CHLA/ABSC Annual General Meeting*

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The Board is apprised of the ongoing operations of *Bibliotheca Medica Canadiana* by the attendance of one of Editors at the CHLA/ABSC Board Meetings. If attendance is not possible, a written report will be forwarded to the President of CHLA/ABSC at least one week prior to the first day of the Board meeting.

The Association members are apprised of the ongoing operations of *Bibliotheca Medica Canadiana* by the Editors' message in each issue of *Bibliotheca Medica Canadiana*. One of the Editors presents the *Bibliotheca Medica Canadiana* Editors' report to the Association's Annual General Meeting. Where neither editor can attend, it is their responsibility to ensure that the report is presented at the AGM. The report itself is subsequently published in *Bibliotheca Medica Canadiana*.

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